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THE LIVED EXPERIENCES OF STUDENT-ATHLETES COPING WITH SEASON
ENDING INJURIES

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy at Virginia Commonwealth University

by

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There are several people who have been part of the journey leading toward a completed dissertation. They have supported and loved me before graduate school and through it all. There are a lot of names coming up, and they are all so special and worthy of being acknowledged. First, I would be remiss if I did not start my acknowledgments with a big thank you to my parents. They raised me with unconditional love and gave me confidence in my abilities even when I struggled believing in myself. My father is the real life version of superman. He always let me lead the way yet stood by my side. My mother is my guardian angel who showed me what strength looks like. She took a diagnosis of living 3 more months and fought for 18 more years with a smile on her face. In her words, “I had children to raise.” She is the epitome of courage. She instilled the importance of humor, humility, and family values. My sisters, Kelsey and Kayla, and my brother-in-law, Matthew, are always there for me. I will always be their baby brother who is striving to be just like them. I admire them so much. They always know how to make me laugh, show me a fun time, and take care of me during hard times. Even something so simple with them (like observing Kelsey watch *The Price is Right* during a study break) is sure to make anyone’s day. She taught me responsibility and hard work and consequently created the life she deserves. She is a successful eye doctor with an amazing husband and perfect little baby, Emerson (the light of my life). Through everything, including athletics, career development, and academics, she has always been put on a pedestal in my eyes. You also dealt with me while writing the dissertation (conducting interviews, analyzing data, writing Chapters 4 and 5, and preparing for both my prospectus and defense). There is no way I was easy to be around, but I appreciate you not kicking me out during a pandemic.

Kayla demonstrates tenacity and perseverance. She showed me how to balance fun with hard work. We can have the silliest times together, and we can have the most emotional heart-to-hearts imaginable. One of my “happy places” is going to Florida, cracking a few drinks open, and just being real with Kayla...preferably on a kayak. She taught me empathy and is a rock for this family. She is already making such a positive impact on others through her occupational therapy expertise. Matthew taught me patience and understanding. At times, he is a man of few words, but the words he chooses to use are so powerful. He gives off such a caring presence and is such a wonderful dad to Emerson. Emerson reintroduced beauty into my life. Before he was born, I was struggling. He came into this world, and he put everything into perspective. He is perfect, just perfect. Even though the circumstances were not ideal, being self-quarantined with Emerson during the COVID pandemic made things a lot easier. Holding him in my arms every day for months was a blessing I will cherish forever. I will spoil that little prince all I can!

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There are so many teammates throughout my life that have been tremendous influences. My teammates at Apollo Gymnastics and William & Mary gave me a brotherhood to be part of. They accepted me, encouraged me, and will forever be in my life. A special shout out goes to Juan Palma who was by my side in the gym from a young age all the way through graduate school. To the W&M class of 2015—JJ Jindra, Peter TenEyck, and Jason Wang—super cute—you guys provided me the best of times I cannot even explain. The whole team changed my life for the better. I truly mean I have special love in my heart for all of my teammates at William & Mary on both the men's and women's teams.

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to me when my mother passed to make sure I was okay. I was not always the easiest athlete to work with. Gymnastics meant so much to me that when I would be told I needed to take a day off to recover from minor injuries, it may have resulted in some “diva moments.” But they forgave, understood, and tried to see what was underneath it all. Their understanding of my fear of losing any precious time in the gym enabled me to examine my values and ultimately served as big contributing factors as to why my dissertation is on this topic.

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academic, social, and personal development. You always reached out and provided the most wonderful advice. You held me accountable with our weekly virtual writing sessions. You agreed to be a peer debriefer while you were so busy with your own research and that means so much. You made conferences and presentations a blast. You brought awesome people into my life and always provided me with fun. Thank you, thank you, thank you!

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DEDICATION

I dedicate this dissertation to my mother and father. They supported me every step of my journey as an athlete. From my first day in the gym to my final national competition in 2016, they were always with me. They taught me to be empathetic, understanding and supportive to those around me. My confidence in athletics, academia, and myself has not always been very high. They believe in me no matter what the situation. They never pushed me too hard; they encouraged me the exact amount I needed. I hope to continue this superb parenting in future generations to come.

My father attended nearly every gymnastics meet of my career. He would quietly stand there, video recording every routine for me. Between events at competitions, I would get a grin and a “thumbs up” from him in the audience. That is all I needed to ground myself and affirm myself. If I messed up, he would provide a look that meant, “It’s totally okay. Have fun and finish up strong. You can do it, son. I believe in you.” I always wondered how he stayed so calm, cool, and collected especially the better I became, thus making skills harder and more dangerous. I would be scared. Scared of failure and scared of injury. But his unwavering confidence made me realize I can trust myself. It was not until years after my retirement he admitted he was terrified from the day I took the floor as a 7-year-old to the moment I stuck my last dismount at a preliminary competition for the Olympic Trials at nearly 23 years of age. He still showed up, believed in me, and remained my number one fan.

My mother was very sick during my childhood and young adulthood. Moving, breathing, and living got progressively harder. She hated missing my gymnastics meets. She would call me beforehand and wish me luck. She always ended the conversation with, “Just do your best and have fun. I love you.” I still have a few of her voicemails. Her spunky demeanor was unlike

anyone else. One of the voicemails states, “I’m sure you’re just crying in bed because you wish I was there, but after you’re through with that, remember I’m always with you, and carry on.”

Though she meant the message to be humorous, it acknowledged that distance does not impact her level of love and support. I still keep that message in mind especially now that she is an angel. Before she passed, she loved surprising me at meets. I remember at one home meet, my teammate told me to look up in the stands. I saw my father wheeling my mother in on her wheelchair hooked up to eight liters of oxygen. They sat in the seat overlooking the high bar (my signature event). She had gotten so sick at that point, I was not expecting either one of them to make the trip. I could not help but to cry. Those tears became stronger as I saw the members of my team crying as well. One of my teammates still recalls that was one of the highlights of his career. It was a tremendous demonstration of unconditional love and support. I remember seeing her green jacket in my periphery during my release moves, flipping over and in front of the metal bar. No matter how dangerous and complex the skills were, I was comfortable knowing they were right above me on the balcony. The week before my senior meet (where the seniors and captains are celebrated at our final competition of the season in our home arena), instead of training, I was in a hospital room in Florida holding my mother. Some of her final words to me were that she wanted me to finish my athletic career and graduate that May. In lieu of flowers for her funeral, she asked for donations to be made to the men’s gymnastics team at my university. She was so grateful for the joy I found in athletics that she wanted to make sure other young men were given the opportunity I was given. The athletic department had an equal level of respect for her. As I got up to speak in the church, just three days before that senior meet, I looked out to the church filled with people. The whole section to the left was filled with my gymnastics team, coaches, team doctors, athletic trainers, and athletes from other sports. It gave me this sense of

community and family that I realized is what mom loved about our program. With the athletic department's support and respect, I was able to successfully finish my collegiate career. I won the high bar title at USA Gymnastics (USAG) Collegiate Championships, was selected as the USAG collegiate gymnast of the year, and given the opportunity to be the first student-athlete featured speaker at the NCAA National Championships. Furthermore, I graduated in May, attended graduate school, and began my journey as a counselor educator. These opportunities would not have been possible without my father and my mother's beautiful words: "Remember I'm always with you, and carry on."

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ABSTRACT

THE LIVED EXPERIENCES OF STUDENT-ATHLETES COPING WITH SEASON-ENDING INJURIES

By Michael E. Deitz, PhD

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University

Virginia Commonwealth University, 2020

Major Director: Dr. Mary A. Hermann, Associate Professor
Department of Counseling and Special Education

The purpose of the qualitative study was to examine the lived experiences of Division I collegiate student-athletes who coped with a season-ending injury. The researcher used a hermeneutic phenomenological approach to understand how injury impacts identity development, mental health, and coping among student-athletes. As one of the only studies to examine all of these factors, the present study aimed to enhance counselor educators' understanding of the specific needs of this population to provide developmentally appropriate support for injured student-athletes. The researcher collected data through 14 interviews with present or recently retired NCAA Division I student-athletes. Data analysis showcased diverse experiences with a season-ending injury that resulted in five themes: (a) Team Culture, (b) Emotional Response to Injury, (c) Impact on Identity Development, (d) Coping Resources Outside of the Team, and (e) Impact of the COVID-19 Pandemic. Within the theme of the Team Culture, the subthemes include: (a) Coaches Foster Attitudes About Injury, (b) Desire for

Relationship Continuity, (c) Teammates Enact Team Culture, and (d) Social Life Negatively Affected. The subthemes for the Emotional Response to Injury are (a) Grief, Loss, and Sadness; (b) Fear, Guilt, and Perfectionism; and (c) Aids and Barriers to Mental Health Counseling. For Impact on Identity Development, subthemes include: (a) Value Linked to Athletic Ability, (b) Recovery Process as a System to Make Meaning, and (c) Taking on New Roles on the Team. Coping Resources Outside of the Team include: (a) Athletic Trainers as Mental Health First Responders Post Injury and (b) Support Outside Athletics. The final theme of the Impact of the COVID-19 Pandemic is discussed, as it is a parallel to the experience of coping with a season ending injury. These themes are discussed in relation to other research on student-athletes, as well as implications for counselor education, counseling, athletic departments, and student affairs. Limitations and recommendations for future research are also discussed.

CHAPTER 1 – INTRODUCTION

The purpose of this qualitative study was to explore the experiences of Division I collegiate athletes coping with a season-ending injury. College student-athlete identity development (Benson et al., 2015; Burns et al., 2012; Giannone et al., 2017; Kissinger et al., 2011; Melendez, 2009), mental health responses to injuries (Brewer & Pepitas, 2005; Heredia et al., 2004; Leddy et al., 1994; Wiese & Weiss, 1987; Wiese-Bjornstal, 2010), mechanisms for coping (Huysmans & Clement, 2017; Madrigal et al., 2016; Razavi et al., 2017; Udry et al., 1997; Wiese-Bjornstal et al., 1998), and the implications of perfectionist qualities on mental health and coping (Appleton et al., 2009; Chen et al., 2009; Madigan et al., 2015; Sagar & Stoeber, 2009) were investigated by the researcher. As illustrated in the literature review, research on related topics exists, yet no qualitative researchers have examined all of the aforementioned experiences (i.e., identity development, psychological consequences, coping mechanisms, and perfectionism implications) on Division I college athletes enduring a season-ending injury. The current study also adds information on the impact of injury on mental health and identity development on coping mechanisms for collegiate student-athletes to the existing literature. Therefore, the aim of this study was to build on existing literature to enhance the understanding of counselor educators, coaches, and athletic departments on the specific needs of this population.

Ultimately, the results of this study will be shared with Division I athletic departments and counselor education departments. I hope to enhance communication between athletic departments and counseling centers on college campuses. Furthermore, I hope to educate counselors in training on the specific needs of this population. The findings of this study can

support university personnel as they implement evidence-based counseling interventions for injured student-athletes.

Rationale for Study of Problem

The majority of college students are emerging adults who tend to experience confusing transitions (Evans et al., 2010). Student-athletes in college experience pressures that compound normative identity challenges (Yang et al., 2007). Athletics can serve as a stable figure of identity (Huml, 2018). It is a reference point for the individual to define themselves while other aspects of life change. While the athletic identity can be positive for short-term comfort, complications arise when the athlete has an over-identification with their role as an athlete (Miller & Kerr, 2003). Such complications include vulnerability to negative mental health outcomes, difficulty coping, and lower life satisfaction when they take a hiatus from athletics (Giannone et al., 2017; Kissinger et al., 2011; Knights et al., 2016). A leave from sport can include both retirement and time off related to injuries. Injuries, in particular, have both short and long-term repercussions. Statistics demonstrate about half of student-athletes will sustain at least one debilitating injury (Heird & Steinfeldt, 2013; Meeuwise et al., 2003), and half of this population will experience at least mild symptoms of depression after an injury occurs (Leddy et al., 1994). Additional complications arise due to the impact injury has on identity, thus impacting the coping process.

College students are in a period of identity development between adolescence and young adulthood. Erikson (1982) theorized adolescents question their identity, roles, and values. Young adulthood is further defined by a search for love, belongingness, and independence. Each developmental stage includes a period of exploration, which Erikson described as a personal crisis. Personal crises are generally defined by questioning right and wrong and discovering there

is more than one answer to questions (Perry, 1968). Each personal crisis impacts the following stages of development. Arnett (2000) described the transition between adolescence and young adulthood as emerging adulthood. During this period, individuals experience growth from their experiences in adolescence yet do not have full adult responsibilities and expectations. Due to the formative process of navigating personal beliefs, older adults retrospectively identify emerging adulthood as the most influential period in their lives (Martin & Smyer, 1990).

Different stressors arise for individuals at this age, thus making the ability to cope increasingly difficult (Albinson & Petrie, 2003). The additional stressor of an injury for a student-athlete at this age can increase anxiety. For instance, injured student-athletes report lower social support, mood disturbances, and chronic stress (Green & Weinberg, 2001; Staufienbiel et al., 2013). Based on existing literature, I examined complications of coping related to the impact on identity development that injuries place on emerging adults.

Statement of Purpose

The purpose of this qualitative study was to examine how the identity formation of emerging adults impacts the coping mechanisms and mental health of injured collegiate student-athletes. Specifically, I examined Division I collegiate student-athletes who coped with a season-ending injury. College students typically experience stages of identity diffusion and moratorium (Evans et al., 2010) as they straddle adolescent and young adult periods of identity development. Identity diffusion is when an individual has not committed to an identity nor is exploring options while moratorium is similar yet includes exploration (Marcia, 1966). These stages occur during a period of emerging adulthood (Arnett, 2000), which is characterized by an increase in independence from previous developmental stages. Yet, individuals are lacking the concrete sense of self that begins to arise in young adulthood. Due to the instability of identity

development, collegiate student-athletes tend to exclusively resonate with the athletic identity (Green & Weinberg, 2001). Therefore, when a season-ending injury occurs, student-athletes may endure complications that exceed the expected identity development challenges for college students. Furthermore, irrational beliefs of injury and personal characteristics, such as perfectionism, may lead to poor coping mechanisms and ultimately additional mental health challenges (Hill et al., 2010).

The information from the present study can enable voices of injured student-athletes to be heard and shared. The research will ultimately be available for athletic departments, counselor education programs, and counseling centers to consider. Along with further studies, the present findings may play a role in training counselors who work with injured student-athletes.

Literature/Research Background

While collegiate student-athletes tend to be perceived as a privileged population (Engstrom & Sedlacek, 1991), they often experience additional stressors compared to the non-athlete population (Etzel et al., 2006). Among these are numerous commitments (e.g., scheduled practices and competitions, meetings, injury rehabilitation appointments; Jain & Thomas, 2002), balancing athletic and academic pursuits, isolation from students who are not involved in athletics, coping with successes and challenges in sport, risk of injury, and identity developmental challenges (Parham, 1993). Furthermore, student-athletes experience distress correlated with poorer physical and mental health (Maniar et al., 2005; Pinkerton et al., 1989). Approximately one-fourth of college athletes experience depression, and injured athletes experience one and a half greater odds of becoming depressed than physically healthy athletes (Yang et al., 2007). Emerging adults in college tend to have predictable transitions and changes; however, the onset of injury can suddenly impact usual identity development, status, and

independence, thus leading to maladaptive coping processes (Smart, 2016). Therefore, it is essential to understand how coping with a season-ending injury can impact identity in student-athletes. This research can lead to a greater understanding of student-athletes' specific needs, thus influencing effective mental health interventions.

Theoretical Framework

The theoretical framework guiding the present study is a combination of identity development (Arnett, 2000; Erikson, 1982; Marcia, 1966) and coping (Grove et al., 1997; Lazarus & Folkman, 1984; Wiese-Bjornstal, 1998). These theories influenced my interview protocol (see Appendix A). I interviewed participants who share the common experience of making sense in the world. According to Paul et al. (2005), everyone interprets experiences differently. Therefore, data analysis was guided by phenomenological constructivism.

Phenomenological constructivism is a theoretical perspective that accounts for multiple truths of events in the social world (Burrell & Morgan, 1989). Rather than making assumptions of how athletes experience coping with a season-ending injury, I used a constructivist approach to evaluate the impact of values, beliefs, and mental processes to understand how participants make sense of the life event (Merriam, 2009; Patton, 2002; Paul et al., 2005). Due to the inherent link between self and research in qualitative research, it is essential to confront ethics, truths, and politics affecting a study (Soobrayan, 2003). While no single set of rules exist to assess these measures, it is essential the researcher recognize statements are not to be accepted as universal truths and can change given context and political environments (Soobrayan, 2003). Therefore, I regularly assessed the implications of my research.

Hermeneutic phenomenology (van Manen, 1990) is based on practical understandings of a human experience (Packer, 1985), therefore lending itself to constructivism. To effectively

communicate in qualitative research, I honed my perspective, grounded the study in theory, constructed a coherent and integrated framework, and connected with my target audience (Ponterotto & Grieger, 2007). In this case, I based the study in constructivism, grounding it in hermeneutic phenomenology, connecting identity development to coping in injured college athletes, and plan to distribute my findings to counselor educators, college counseling centers, and athletic departments. This research can enhance the understanding of injuries on student-athletes to advocate for the needs of student-athletes coping with a season-ending injury.

Research Questions

The present research questions are based on a literature review of student-athletes coping with injury (Huysman & Clement, 2017; Leddy et al., 1994; Madrigal et al., 2016; Razavi et al., 2017; Udry et al., 1997; Wiese-Bjornstal, 2010; Wiese-Bjornstal et al., 1998) and mental health responses to injury (Brewer & Pepitas, 2005; Heredia et al., 2004; Wiese & Weiss, 1987; Yang et al., 2007). The overarching question was: What are the lived experiences of student-athletes coping with a season-ending injury? Through a semi-structured interview, I examined the lived experiences of Division I collegiate athletes coping with season-ending injuries. This examination specifically focused on participants' experiences with coaches and teammates, mental health, identity development, and coping mechanisms. I developed questions to explore identity development, coping strategies and resources, and impacts on mental health and social life. Finally, I provided a platform for each participant to state advice they would like to give to mental health professionals working with injured student-athletes.

Methodology

After receiving approval from the Institutional Review Board (IRB), I interviewed 14 participants from eight different sports across six NCAA Division I universities. I recruited

participants by publicizing the study through posts and fliers on social media, contacting the athletic directors, coaches, and former student-athletes. These sources shared my contact information with potential participants. Each participant initiated contact with me. I was unable to store participant information in a locked office due to COVID-19 limitations however, participant information was stored in a file on a password-protected computer. I gave a full explanation of the study to participants, made them aware of their rights, and emailed the consent information. Once the potential participants agreed they wanted to proceed (via email and text message), I scheduled an interview over Zoom with each of them. I began each interview with an explanation of the study and verbally obtained informed consent. The interviews were semi-structured and approximately 1 hour in length. Interview questions were based on existing literature on the mental health, identity development, and coping mechanisms of injured student-athletes. Following the interview questions, I obtained demographic information over the phone. Participants were video recorded via Zoom and audio recorded on a secure device. The audio recording was anonymized. Each recording was immediately deleted after it was transcribed. During the interviews, I took observational notes. These notes indicated the participant's nonverbal body language during the corresponding parts of the audio recording. Following the interview, each recording was sent to a secure transcription program, Temi.com. Once each transcription was returned, I listened to the interviews to check for accuracy and made edits as necessary. The interviews were subsequently sent back to each participant. Between each interview, I journaled my thoughts and beliefs about the previous interview. I made note of potential theme development. I indicated what stood out to me, how I related, how I could not relate, and possible biases that arose.

Data analysis consisted of reading transcripts, observational notes, and other documents included in the interviews. I used the methods of sentencing, reduction, and elimination to develop themes and subthemes (Balkin & Kleist, 2017). These methods enabled me to summarize each transcript to highlight common experiences between participants. Finally, to classify data, create codes, and develop themes in an efficient manner, I used the qualitative computer program Atlas.ti (Muhr, 1991). Results and implications are reported in Chapters 4 and 5, respectively.

Definitions of Terms

Athletic identity. An individual's belief about the influence of their athletic role in other aspects of life (Brewer et al., 1993). The more frequently an individual participates in athletic events the greater degree of athletic identity (Lally & Kerr, 2005). Consequently, mental health disparities and lifelong consequences occur when athletes exclusively resonate with the athletic role (Melendez, 2009).

Coping. Coping refers to an individual's cognitive and behavioral efforts to manage challenging demands (Lazarus & Folkman, 1984), specifically injured athletes (Udry et al., 1997). In the case of this study, I am examining the lived experiences of collegiate student-athletes coping with a season ending injury.

Division I. Divisions are classification systems in which similar universities are grouped. Division I universities have larger student populations and athletic funds to offer athletic scholarships (NCAA, 2019).

Emerging adulthood. The transition between Erikson's (1982) adolescence and young adult stages. This period of time includes numerous lifestyle transitions and demographic norms

not concretely established, thus inferring the complexity of the stage (Arnett, 2000; Rindfuss, 1991).

NCAA. The National Collegiate Athletic Association (NCAA) is the largest governing body for collegiate sports whose mission is the well-being and success of student-athletes (NCAA, 2019). Currently, close to half a million students comprise 19,750 teams throughout 1,117 U.S. colleges and universities (NCAA, 2019).

Perfectionism. The importance of attaining high standards even in cases where circumstances do not require perfection (Flett & Hewitt, 2006). While perfectionism can promote goal achievement (Stoeber et al., 2008), perfectionism can lead to maladaptive coping and subsequent burnout for athletes (Chen et al., 2009; R. E. Smith, 1986).

Season-ending injury. A season-ending injury is an injury that results in the loss of at least one third of playing time in a single season. The loss of playing time due to a season-ending injury is referred to as redshirting. For purposes of this study, “season-ending” was expanded to include injuries that occurred at any point of the season (i.e., first third of the season, middle, or final third of the season). Therefore, some participants returned to competition in the same season they endured the injury. As long as they were eligible for a redshirt at some point of the season, they were eligible for the present study. I only examined athletes who have since returned to sport after redshirting.

Student-athlete. The present study examines student-athletes as the population. For the purpose of this study, student-athletes are full-time students who are official members of a varsity athletic team at a U.S. college or university. Student-athletes must be official members of the roster as either recruited scholarship recipients, walk-on members (i.e., no scholarship), or students who tried out for their respective team. Furthermore, each student-athlete and their

respective schools will be affiliated with the NCAA. Therefore, students who participate in intramural or club sports teams are not included.

Summary

The present chapter presents the rationale, purpose, need, and framework to examine the lived experiences of collegiate student-athletes coping with injury. Additionally, I provide the rationale for a constructivist theoretical framework to guide the proposed investigation. Chapter 2 consists of a literature review that influences the purpose of the study and identifies gaps in current literature. Chapter 3 comprises the methodology. Specifically, the data collection procedures, data analyses, and the role of the researcher will be examined. I also discuss potential threats to validity, including trustworthiness. Chapter 4 consists of results from the data analysis, and Chapter 5 explores current and future implications.

CHAPTER 2 – LITERATURE REVIEW

The Council for Accreditation of Counseling and Related Programs (CACREP, 2016) requires counselor education programs, focusing on student affairs, to prepare counselors-in-training to work with student-athletes (CACREP 5.E.2.m). It is essential for counselors-in-training to understand the unique needs of student-athletes as athletes make up a distinct subpopulation of college students. Approximately 3 million college students participate in some level of athletics (NCAA, 2019; Pennington, 2008). Furthermore, there are more Division I, II, and III athletes than ever before in the NCAA, accumulating to over 460,000 athletes among 24 sports (NCAA, 2019).

Student-athletes tend to have distinct lifestyles that include many commitments (Jain & Thomas, 2002). Among these commitments are scheduled practices, mandatory meetings, injury rehabilitation, and competitions. Many programs also require extra conditioning in weight rooms outside of practice time and team-oriented community service projects. To be eligible to participate in Division I athletics, student-athletes must be full time students and declare a major by their junior year (NCAA, 2019). Furthermore, Division I student-athletes must graduate from high school with at least a 2.3 grade point average (GPA) and maintain GPAs of 1.8, 1.9, and 2.0 for each of the following years in college respectively (NCAA, 2019). Due to the numerous demands of student-athletes, the typical stressors of college students are compounded. For the majority of students, college serves as a time of transition (Evans et al., 2010). The college years can be the first opportunity to define oneself outside of a family context. Hence, college students' identities are malleable, formative, and impressionable. While many changes occur in college, athletics can serve as a stable defining role for this population.

Athletic Identity

Brewer et al. (1993) defined athletic identity as, “the degree to which an individual identifies with the athletic role” (p. 237). The more time spent on sports related activities, the higher the student-athlete resonates with the athletic role (Lally & Kerr, 2005). While identifying as an athlete can serve as a stable figure of identity development, a high degree of athlete identity can have negative consequences (Beron & Piquero, 2016; Burns, Jasinski, et al., 2012; Melendez, 2009). Athletes who report high levels of exclusivity associated with athletic identity (e.g., priority for athletics to the exclusion of other aspects of identity) report lower levels of life satisfaction (Burns et al., 2012). Further repercussions include decreased academic, personal, and social development (Brewer et al., 1993; Watson, 2016). For example, Beron and Piquero (2016) found higher levels of athletic identification are correlated with lower grade point averages (GPAs). Additionally, these researchers indicated an overidentification with being an athlete influences the way athletes perceive and interpret information. Specifically, athletes may schematize successes and failures in terms of athletics, view teammates as their social connections, and have their coaches as their mentors.

Supporting the claims stated above, student-athletes who over-identify with their athletic role are most vulnerable to the negative mental health outcomes associated with injuries (Kissinger et al., 2011). Therefore, personal development may be disrupted when student-athletes over identify with their athletic role, and their overall experience in college can be defined by athletic achievement alone. Student-athletes tend to view athletic performance as a higher priority for excellence when compared to other aspects of personal development such as relationships and academics (Miller & Kerr, 2002). Therefore, athletes with a strong sense of athletic identity are vulnerable to psychological distress, have greater difficulty coping, and

report lower life satisfaction when leaving sport (Giannone et al., 2017; Knights et al., 2016).

Thus, researchers recommend counselors address the impact of identity on athletes (Kissinger et al., 2011). Due to the potential complications that arise from injury, it is essential to extend research on identity to student-athletes coping with injury.

In addition to the complications with over-identification as an athlete, impediments in general identity development across the lifespan arise when student-athletes are coping with injury. Injuries vary in terms of severity and can have both short- and long-term repercussions. In recent years, literature has increased on the mental health of injured student-athletes (Cox et al., 2017; Putukian, 2016; Wiese-Bjornstal, 2009; Yang et al., 2007). Furthermore, researchers consider student-athletes a disadvantaged population on college campuses due to the demands to meet athletic and academic standards to maintain scholarships and spots on the team (Hollis, 2001). However, there is limited research on the role identity places on the coping process of Division I student-athletes coping with a season-ending injury.

Identity Development

Student-athletes manage numerous demands and expectations from coaches, parents, and peers, regarding athletic and academic performance (Parker et al., 2016). Athletes are often highly visible in their communities and schools and, therefore, viewed as public figures. Additionally, many athletes derive positive self-esteem from their athletic ability (Proios, 2012) and consequently may base their sense of identity on participation and performance in sport. During a stage of development full of questioning identity and transitions (i.e., emerging adulthood), many college athletes can rely on their athletic identity as a stable sense of self while other aspects in life fluctuate.

Erikson's Theory of Identity Development

To better understand the identity development levels of student-athletes, it is essential to examine established literature in the field of human growth and development. According to Erik Erikson (1982), a seminal scholar of identity development, there is a transition from adolescence to young adulthood. While Erikson did not use specific ages for stages, developmental psychology and human growth textbooks regularly indicate congruent ages (Broderick & Blewitt, 2015; Capuzzi & Stauffer, 2016; Erikson & Erikson, 1997; Evans et al., 2010). Typically, the ages of 18 to 22 straddles two developmental stages. For students entering college, they are typically considered adolescents as they are exploring their personal identity. Erikson defined this stage by the conflict of “identity versus role confusion.” In this stage, young adults begin to examine multiple aspects of their identities. Upon graduation, college students enter a young adult stage of life, where new conflicts emerge and expected life experiences, relationships, and sense of identity start to change.

Erikson (1982) claimed each developmental stage is defined by a conflict and a resolution to the relative conflict. Consideration of the early stages in Erikson's framework is important because Erikson asserted, if early conflicts are not resolved, development is negatively impacted. For instance, the first stage is infancy. Infants endure a battle of basic trust versus mistrust. Infants learn from their environment and establish comfort with the people and objects around them. According to Evans et al. (2010), “An infant's inability to develop and maintain trust can lead to mistrust of others in the future, as well as an inability to effectively handle the unpredictability of life” (p. 49). Erikson claimed the resolution of this developmental conflict is “hope,” meaning when this conflict is resolved, the individual will feel supported through trustful feelings ultimately leading to the virtue of hope.

An individual goes through a sequence of development stages after the initial infancy stage. As puberty begins for the individual, adolescence is achieved. This stage is typically defined by identity development. Adolescents ask questions such as, “Who am I?” and “Who can I be?” They start to develop a sense of self, especially influenced by their social connections. Steinberg and Levine (1997) noted this stage typically lasts through 20 years of age. During this time, romantic relationships tend to develop, and sexuality begins to be explored or questioned. Furthermore, peers serve as comparisons, and role models serve as aspirations. The conflict adolescents must endure is identity versus identity confusion. Examination of one’s role, status, and existential identity enables the individual to establish values and ideals. Therefore, a successful resolution of this stage is fidelity (i.e., support and loyalty to oneself and virtues).

After adolescence, the individual enters young adulthood. The significant relationships are with friends and partners when the individual questions an ability to love and be loved. However, for those individuals who do not feel the achievement of love, a sense of isolation and loneliness can be present. Therefore, these individuals feel left out as relationships seem less satisfying when compared to their peers who successfully navigate young adulthood. A key aspect of young adulthood is that adulthood is firmly established. Therefore, the transition from adolescence to adulthood is a key period of time bringing its own set of challenges and stressors that must be examined. The present research will focus on the transition between adolescence and young adulthood, called emerging adulthood (Arnett, 2000).

As more research is conducted and society transforms, amendments must be made to existing theoretical models. For example, the initial model proposed by Erikson had the final stage as “old age.” This stage was later divided into middle and old age. Although the eight stages of development have been documented and studied since Erikson (1982) published *The*

Life Cycle Completed, Joan Erikson (1997) added to the existing model to account for a ninth stage in which new demands and difficulties for those in their 80s and 90s are taken into account. As physical and cognitive abilities decline, so does independence. Therefore, hope and trust are replaced with faith and humility.

Research is a critical component of the revision of development theories and the proposal of new theories. For this study, consideration of emerging adulthood as a stage of development is particularly relevant. Emerging adulthood is a period defined by transitions, including the lifestyle change that accompanies adaptation to the college setting. To best understand this stage, it is helpful to consider research in college student development theory.

Ego Identity Development

To account for the impact context has on college student identity development, Marcia (1966) examined the ego identity development for adolescents. This research expanded to college student development theory and is used to understand transitions in life for college-aged individuals. The typical college student transitions from an adolescent to a young adult. In fact, almost 80% of college students are between 18 and 24 years old (U.S. Census Bureau, 2012). However, between these two stages, there is typically a significant amount of identity diffusion and moratorium. These terms are defined later in this section. Marcia was influenced by Erikson's research on identity development (Waterman & Waterman, 1971). As a researcher, Marcia paid particular attention to ego status as it relates to identity development and developed a continuum of identity establishment. The four possible positions are identity achievement, moratorium, foreclosure, and diffusion. Congruent with Erikson, each position is defined by a conflict and resolution (referred to as crises and commitments respectively).

Established research has indicated the traditional college student begins in a period of few commitments, referred to as diffusion, endures a crisis (i.e., moratorium), and achieves a committed ego identity (Munro & Adams, 1977). When the student does not endure a crisis (i.e., moves from uncommitted to committed ego identity), the student demonstrates inflexible thinking. Therefore, halting their ego identity development. Marcia (1966) referred to this stage as foreclosure. Individuals in foreclosure adopt standards of parents without questioning as authority figures are viewed as rulers who should not be questioned. Outside forces bring pressures, such as attending college, leading to premature commitments (Was et al., 2009). In fact, an individual in foreclosure may feel an attempt to deviate from the rules set forth from authority figures will ultimately lead to a lack of purpose in life (Waterman & Archer, 1990). Therefore, when individuals (in this case, college students) endure a crisis (i.e., period of exploration) they begin to question what is right and wrong and discover there is not just one answer to every problem. The individual begins thinking of concepts in relative terms rather than dualities (Perry, 1968). The period of exploration transitions the individual from foreclosure to moratorium. During moratorium, individuals strive to form their identity by actively questioning parental values and expectations (Evans et al., 2010). This stage typically is the shortest of the phases yet impacts the individual and social influences heavily, which is essential to ultimately reach identity achievement.

Identity achievement is when an individual is secure enough in their identity to take risks and learn of other views in life (Evans et al., 2010). They are able to consciously make decisions. It is viewed as the healthiest psychological state and is indicative of a successful navigation of Erikson's adolescence stage (i.e., identity versus identity diffusion). On the other hand, identity diffusion is defined by succumbing to conformity, and individuals are easily manipulated

(Marcia, 1994). In this stage, individuals' behavior indicates their view of identity. Thus, identity emerges from the decisions they make and influence others have on them (Evans et al., 2010). Past research (Akhtar, 1984) indicated identity diffusion is characterized by contradictory character traits, a lack of authenticity, feelings of emptiness, and moral and ethical relativism (i.e., there is no objective right and wrong). Identity diffusion is common in college students, and it is believed injuries can exacerbate and lengthen the diffused stage, therefore inhibiting ideal identity achievement.

Emerging Adulthood

To account for the diverse nature these stages play in each individual, Arnett (2000) introduced a unique stage of emerging adulthood. Emerging adulthood is a period in which individuals experience an independence of childhood and adolescence yet still do not have the full responsibilities of adulthood (Arnett, 2000). Furthermore, Rindfuss (1991) and Wallace (1995) reported the aforementioned age range is the only one in which demographic norms have not been established. Results from the U.S. Census Bureau (2012) indicate there is much variation in terms of relationship, living situations, and relationship statuses. Erikson (1968) and Rindfuss (1991) included transient factors such as jobs and worldviews and have lasting impacts on one's lives. In fact, older adults report this period was the most influential period of their lives (Martin & Smyer, 1990). Therefore, individualized considerations must be given when providing counseling interventions to emerging adults since they are in a state of frequent fluctuation.

Arnett's (2000) theoretical background stems from researching Erikson (1982). He concluded Erikson hinted at a period of role experimentation that delays adult commitments and responsibilities through terms such as "prolonged adolescence" and "psychosocial moratorium" yet withholds a specific label. Furthermore, Arnett based his theoretical background on Levinson

(1978) and Keniston (1971). Levinson postulated individuals undergo a novice stage of development during the transition from adolescents to adults marked by instability and change. On the other hand, Keniston opposed the term “youth,” indicating world events, such as the Vietnam War, challenge traditional definitions of youth. Due to expectations to participate in combat and social advocacy, the roles those between late teens and early 20s held changed dramatically. Moreover, the rates of postgraduate education have nearly doubled in the past 20 years (Blagg, 2018), prolonging the student status and inhibiting the achievement of a professional identity (Bruss & Kopala, 1993). Therefore, certain roles (e.g., combat and social reform) are closer to those expected for adults while other roles (e.g., career development, romantic relationships) begin to fall behind. Thus, emerging adulthood becomes a distinct period in development.

In general, college students experience depressive symptoms and trouble coping during their transition to college (Dyson & Renk, 2006). Arnett (2000) explained “young adulthood” indicates adulthood has been reached, and “emerging adulthood” indicates adulthood is not fully established. Due to the fluid nature of emerging adulthood, this time period is characterized by instability and identity explorations (Arnett, 2000). Consequently, symptoms of anxiety and depression result from identity confusion (Schwartz et al., 2013). Emerging adults tend to experience identity diffusion, which can result in high levels of anxiety, depressive symptoms, and trouble adjusting to college (Kroger & Marcia, 2011; Schwartz et al., 2013). Furthermore, identity confusion inhibits exploration out of the diffused state (Schwartz et al., 2013), creating a cyclical pattern of maladaptive emotional consequences.

Archer (1982) stated young adults tend to ask questions such as, “Who am I” and “What kind of relationships do I want?” (as cited in Schwartz et al., 2013). Injured athletes spend more

time in the athletic training room for injury rehabilitation in lieu of practice. Moreover, they miss traveling to games with teammates, which can impact bonding during road trips on busses or time playing together. Decreased involvement with the team can create a shift in what people perceive as important in relationships. Therefore, time spent with teammates and other primary social supports decreases. Pressures and expectations for athletic success place additional stressors on student-athletes that may compound the expected challenges of emerging adults (Yang et al., 2007). Considering the stressors athletics and injuries have on the mental health of student-athletes, the typical demands of emerging adults may be worsened, and specific counseling interventions may be necessary. Therefore, emerging adulthood serves as a time period of relationship exploration compounded by the effects on identity from injury.

Injuries

In the NCAA, about half of student-athletes will sustain at least one debilitating injury (Heird & Steinfeldt, 2013; Meeuwise et al., 2003). Kerr et al. (2015) reported approximately 15,000 sports related injuries occur each year. Surgeons and physicians have reported the majority of injured athletes with whom they work indicate emotional and behavioral problems (Mann et al., 2007). In fact, athletes often experience psychological consequences from injury regardless of severity or specific outcome (Wiese & Weiss, 1987). Emotional and psychological reactions to athletic injury (e.g., anxiety, depression, fear, and lower self-esteem; Green & Weinberg, 2001) lead to mood disturbances and can contribute to negative life-long consequences (Staufenbiel et al., 2013). Athletic trainers who work closely with student-athletes have reported nearly 75% of athletes who endured injury experienced psychological difficulties, including anxiety, anger, and poor coping (Clement et al., 2013). It is essential that counselors

and other mental health professionals work to understand the impact of injuries, which can result in “clinically meaningful levels of psychological distress” (Brewer & Pepitas, 2005, pp. 93–94).

In general, 53% of students experience depression after entering college (Furr et al., 2001). Moreover, Yang et al. (2007) reported approximately one fourth of college athletes, regardless of injury status, experience depression. The rates of psychological distress are exacerbated by physical pain, indicating depression levels increase when the athlete suffers an injury. In fact, depression levels are positively correlated to pain due to injury, and injured athletes have more than one and a half greater odds of becoming depressed than physically healthy athletes (Yang et al., 2007). In part, the greater risk for mental health concerns due to injuries relate to the perceived family and societal messages discussed, indicating the importance of others’ perceptions. When experiencing distress, athletes are less likely to seek out counseling than their non-athlete counterparts (Gulliver et al., 2012). The reluctance to see a counselor can be due to a negative perception of help-seeking behavior (Putukian, 2016). Moreover, student-athletes reported lack of time, social stigma, and fear of the perceptions of teammates as barriers to seeking out mental health treatment (López & Levy, 2013). It is important to examine the role of identity for this population so future advocacy efforts and psychological interventions are developmentally appropriate.

Student-athletes demonstrate vulnerability and increased risk for mental health disparities when compared to their peers who are not involved in athletics (Maniar et al., 2005). Reasons for mental health difficulties include a decreased satisfaction in social support, which leads to mood disturbances (Green & Weinberg, 2001) and chronic stress (Staufenbiel et al., 2013).

Consequently, over half of student-athletes endure at least mild symptoms of depression after an

injury occurs (Leddy et al., 1994). The high rate of injury necessitates counselor preparation and knowledge for factors influential to mental health post-injury.

Student-athletes have less positive attitudes toward help-seeking behaviors (Watson, 2005). A noted reason is many athletes feel services provided outside of the athletic department may not understand the specific stressors, concerns, and pressures faced by student-athletes (Greenspan & Andersen, 1995). It is essential counselors have training to meet the needs of this specific population so help-seeking behaviors can increase. Furthermore, male athletes are less likely to seek out mental health services compared to female athletes (Barnard, 2016), and people of color are underrepresented in the population seeking mental health services (Kontos & Breland-Noble, 2002). Multiculturally informed promotion of mental health services and interventions is necessary for helping student-athletes. The present study incorporates a demographic questionnaire to investigate if the lived experiences of coping with injury differ between race and gender.

Response to Injury

During injury, emotional responses include an initial denial and shock, followed by depression, anxiety, isolation, and anger, ultimately leading to a feeling of numbness (Yadava & Awasthi, 2016). To conceptualize injuries in terms of established literature, it is helpful to look at acquired disabilities in the field of rehabilitation counseling. While sports injuries and acquired disabilities are distinct in terms of legal, medical, and social consequences, similarities include a sudden loss of function followed by behavioral and psychosocial adaptation processes (Clanton et al., 2012; Frisch et al., 2009). Smart (2016) indicated many transitions in life are somewhat predictable; however, a sudden onset of injury inhibits the preparatory and subsequent coping

processes. In fact, a functional loss resulting from sport may “seem like the loss of identity, status, and independence” (Smart, 2016, p. 293).

Hagger et al. (2005) were some of the first researchers to study cognitive and emotional responses to sports injury at the same time. The researchers relate sports injuries with existing literature on medical illnesses using self-regulation theory. Self-regulation theory accounts for emotional responses of those coping with physical illnesses (Leventhal et al., 1980). They report coping with illness includes: (a) *identity* (i.e., the person’s beliefs about the illness), (b) the *cause* of the illness, (c) *serious consequences* on life and usual activities, (d) the *timeline* (i.e., acute or chronic) of the illness, and (e) perceptions of oneself to *control* the illness and outcome. Furthermore, coping may be behaviorally based (i.e., active coping) and psychologically based (i.e., passive coping; Hagger et al., 2005). The researchers examined the cognitive and emotional representations of a sports injury held by athletes to examine how self-regulation theory relates to coping. They discovered the athlete’s identity level, severity of consequences, and emotional responses influenced the athletes’ functioning in sport. Furthermore, emotional representations of injuries held by the athletes were significant predictors of positive and negative emotional affect. Negative emotional representations led to higher levels of depression and anxiety.

Coping With Injury

Lazarus and Folkman (1984) defined coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). The definition is further categorized into problem-focused and emotion-focused strategies. Problem-focused coping is a way for an individual to handle difficulties by: (a) defining what the problem is, (b) developing multiple solutions, (c) examining the risks and benefits of each outcome, and (d) responding by action

(Lazarus & Folkman, 1984). Ultimately, this process alters the person-environment relationship and influences the quality and intensity of the resulting emotion (Folkman & Lazarus, 1988). Conversely, emotion focused coping leads to a change in mental attention to impact the personal meaning of the difficult event. Moreover, emotion focused strategies are enhanced by self-compassion and lead to growth and acceptance of the current ailment (Neff et al., 2005). Due to the consequences of injury, it is apparent athletes endure more than physical effects from injury. In fact, there seem to be physical, emotional, and social consequences from injury. The athlete's whole schema of the injury, their identity, and role in school are affected. In fact, injured athletes experience negative emotions during the onset of injury as they adapt to a sudden loss (McDonald & Hardy, 1990). Since there is a holistic impact on the individual, it is pertinent to examine coping from a holistic lens.

In the 1980s and 1990s, researchers began to examine coping with injury for athletes. Weiss and Troxel (1986) determined both personal and situational factors influence injury response, and Gordon (1986) posited injury initiated a grief response that connects reactions to injury with the five stages of grief (e.g., denial, anger, bargaining, depression, and acceptance; Ross, 1969). Rose and Jevne (1993) expanded on this research to reframe the "grieving process" as an "adaptation process" that emphasizes a major life transition instead of an ending. Furthermore, Andersen and Williams (1998) and Wiese-Bjornstal et al. (1995) examined emotional responses to grief and stress, as related to injured athletes, and found psychological and social factors before and after injuries impact emotions in a recovery process. Wiese-Bjornstal et al. (1998) developed an integrated response to sports injury model that accounts for psychological and sociological dynamics, including personal and situational moderating factors, as well as the cognitive, behavioral, and emotional consequences of sports injury.

Wiess-Bjornstal et al. (1995) reported there are two types of psychological responses to sports injury, cognitive appraisal and emotional response. Cognitive appraisal is the interpretation an individual has on an event (Lazarus & Folkman, 1984). The individual's perception of self-efficacy in such circumstances affects their ability to cope (Lazarus & Folkman, 1984). Self-perceptions (i.e., self-esteem, self-worth, self-confidence, and self-efficacy) in athletes are impacted by injuries. A literature review by Wiess-Bjornstal et al. demonstrated perceptions of one's self, capabilities and worth are negatively affected by sports injury. Before an injury occurs, each dimension of self-perception is reported as higher than post-injury. Emotional responses include: (a) athlete's mood across time, (b) the positive profile of most injured athletes, (c) negative emotions as a facilitator, and (d) extreme responses.

Athletes report a decrease in mood at time of injury that steadily increases as time moves forward (Morrey et al., 1999). However, as the time out of sport decreases, mood begins to decline. It is hypothesized the decrease in mood has to do with the stressors that accompany the transition out of sport and redefinition of self. Generally, athletes tend to have a positive mood profile relative to college students. They tend to remain optimistic and hopeful. However, time out of sport increases with the severity of injury, thus leading to an increase in negative emotions. In fact, athletes who are out of sport for over 2 weeks due to injury report the most significant mood disturbances (A. M. Smith et al., 1990), and 88% of injured athletes report mild depression symptoms (Leddy et al., 1994). Additionally, over 95% of injured athletes report at least subclinical levels of depression (Brewer et al., 1995).

Athletes tend to experience negative emotions, such as anger, when injured. There is evidence that negative effects have the potential to be redirected and have a positive effect on coping (Wiess-Bjornstal et al., 1995). Specifically, athletes take the anger they have and

redistribute it to rehabilitation and recovery. While this finding indicates negative emotions are not solely detrimental to recovery, there is the potential for emotional responses to become extreme. Furthermore, negative effects can become complicated if the athlete is not physically able to partake in rehabilitation at the beginning of the recovery process, thus increasing the potential of extreme responses.

Wiess-Bjornstal et al. (1998) indicated 10-20% of injured athletes experience extreme responses. Extreme responses to coping with injury include depression (Brewer et al., 1995). While not common, post-injury suicide attempts have occurred in some cases. A. M. Smith and Milliner (1995) found all athletes in their study who attempted suicide had high depression scores, underwent surgery due to the injury, had previous success in their sport, and could not recover to their pre-injury sports performance. These statistics demonstrate the value many successful athletes place on their ability and identity. Wiess-Bjornstal et al. reported research should be conducted with both injured and non-injured athletes simultaneously across time. Yadava and Awasthi (2016) conducted an overview of psychological factors in coping with sports injury. Therefore, the researchers discovered social systems are essential while coping with injury (e.g., partners, coaches, teammates, and relatives) although high incidences of injuries are historically related to low social support. The present research will provide deeper insight into athletes coping with injury to add to the literature and inform future counselors so future studies can appropriately measure results and intervene.

Coping and Athletic Identity

Grove et al. (1997) examined student-athletes coping with retirement from sport. The researchers established athletic identity related to coping processes, emotional and social adjustment to a transition out of sport, and career decision making. The forms of coping were

emotion-, problem-, and avoidance-focused. Strategies include acceptance, positive reinterpretation, planning for future, active coping, mental disengagement, and seeking social support. Through their analyses, the most frequently used coping strategies were acceptance, positive reinforcement, planning, and active coping. My research protocol is partially informed by these analyses. I examined coping strategies and compared them to this finding.

However, the athletes who reported a strong and exclusive identity (i.e., perceiving oneself as only an athlete) demonstrated a greater difficulty transitioning out of sport. The difficulty is congruent with prior research from Brewer et al. (1993) who established psychosocial adjustment outside of athletics is complicated by a strong athletic identity. Consequently, these athletes demonstrated negative coping strategies, such as avoidance and denial. Furthermore, results are congruent with Lazarus and Folkman's (1984) results from coping with injury, indicating a similar process in which retirement and injury can be compared and related to established literature on the effects of injury on identity.

Complications With Coping

External factors tend to impact coping and facilitate recovery. Among these are interpersonal resources, accessible and quality medical care, fortunate circumstances around the injury, environmental resources beyond experiences with injuries, and financial backing (Udry et al., 1997). However, these factors are not in direct control by the athlete, leading to differences in equity when supporting an injured athlete. As stress in one's life increases, difficulty coping increases (Albinson & Petrie, 2003).

Green and Weinberger (2001) determined socioeconomic statuses (SES) play a role in coping. Individuals from a low SES typically have stressors that impact coping. Although these athletes tend to catastrophize the injury, they also demonstrate an ability to persevere. Therefore,

the findings indicate adversity does not necessarily impact resiliency but should be taken into consideration by the athlete's treatment team. Furthermore, trait anxiety (i.e., the experience of negative emotions; Spielberger et al., 1983), and psychosocial factors (i.e., stress, state anxiety, and daily hassles) potentially contribute to muscular skeletal injuries (Cagle et al., 2017). Thus, researchers recommend SES, trait anxiety, and psychosocial factors should be included with mental health screenings by college counseling centers (Cagel et al., 2017; Green & Weinberger, 2001).

Mechanisms for Coping

Although the previously described research is essential in understanding the process injured athletes go through when coping with injury, more recent literature has expanded on this topic by examining specific mechanisms for coping with injury. Results from Razavi et al.'s (2017) study indicated athletes ruminated about how they were or were not contributing to the team while injured. Patterns for both problem- and emotion-focused coping emerge in injured athletes. Among the most preferred problem-focused interventions were physical interventions, such as rehabilitation and step-by-step integration of sport, and reliance on the athletic trainers (Bejar et al., 2019). Among the most preferred emotion focused coping is acceptance of the situation and physical distractions (Razav et al., 2017). Furthermore, many of these preferred coping mechanisms are limited and can provide researchers with insight into deeper coping processes. Although this research shows the tendency of student-athletes to cope, we must question if these are necessarily decreasing mental health distress. The rates of depression are still high indicating these preferred coping tendencies must be reexamined.

Udry et al. (1997) interviewed elite skiers to identify coping strategies and facilitating factors. They defined coping strategies as "strategies used by athletes that were under control to

deal with stressor resulting from injury” (Udry et al., 1997, p. 383). Among these were driving through (i.e., did things normally, determination/motivation, set goals and worked toward them, focused on rehabilitation and training), distracting oneself, managing emotions through visualization and positive self-talk to accept injury, seeking and using social resources, avoiding the emotional impact of injury, and isolating oneself. The latter two strategies (i.e., avoidance and isolation) are maladaptive coping strategies, but the previous strategies are conceptualized as adaptive. Most of the skiers used adaptive coping strategies and particularly focused on emotional control. An explanation for these preferred coping mechanisms could stem from the mindset of perfectionism found in athletes.

Perfectionism and Coping

Although perfectionism can be viewed as a positive characteristic in athletes that enhances learning and promotes goal achievement (Gould et al., 2002; Stoeber et al., 2008; Stoll et al., 2008), others argue perfectionists place irrational importance on attaining strict high standards even in circumstances that do not call for perfection (Flett & Hewitt, 2006). Consequently, perfectionism can be maladaptive for the well-being of athletes (Chen et al., 2009) and impact the individual’s psychosocial health, leading to burnout from their respective sport (R. E. Smith, 1986). Athlete burnout includes emotional and physical exhaustion that can lead to unhappiness in one’s sport. Stoeber and Otto (2006) determined there are two dimensions of perfectionism—perfectionistic strivings and perfectionistic concerns. Perfectionistic strivings include high personal standards for oneself and positive goal setting. However, perfectionist concerns are characterized by fear of making mistakes and concerns of others’ evaluations. The latter is correlated with maladaptive coping, which can lead athlete burnout (Madigan et al., 2015). In fact, both socially prescribed and self-oriented perfectionism lead to maladaptive

coping mechanisms, including eating disorders (Bardone-Cone et al., 2007) and a fear of failure (Frost & Henderson, 1991). Ultimately coping serves as a mediator between perfectionism and athlete burnout (Madigan et al., 2015).

Conclusion

The current research study will address the role identity development plays in student-athletes' experience coping with injuries. I use a constructivist approach informed by theories of identity development (Arnett, 2000; Erikson, 1982; Marcia, 1966) and coping (Grove et al., 1997; Lazarus & Folkman, 1984; Wiese-Bjornstal, 1998). Past research on coping with athletic retirement and related literature on acquired disabilities influence the constructivist framework for the present study. Coping with injury can be conceptualized by both problem- and emotion-focused coping. The researcher will investigate if injury in college sport impacts the typical identity confusion associated with emerging adulthood and disrupts identity development. Maladaptive mechanisms for coping with injury can compromise identity development and increase mental health disparities. Therefore, it is essential to gain a holistic understanding of student-athletes coping with injury. Chapter 3 consists of the qualitative methodology that guided this study and lead to counselor recommendations. Ultimately, this research can add to existing literature on student-athletes, serve as a platform to educate counselors, athletic departments, and universities to identify developmentally appropriate counseling recommendations for working with injured student-athletes.

CHAPTER 3 – METHODOLOGY

The current study was an investigation into the lived experiences of Division I collegiate student-athletes coping with a season-ending injury. Inquiry into this phenomenon was conducted with a hermeneutic phenomenological qualitative analysis. Student-athletes at Division I universities were interviewed about their experience with injury. The present chapter outlines the selected methodology, the study participants, population and sampling, and the procedures of data collection and analysis. The chapter concludes with an exploration into the trustworthiness of the study. Ultimately understanding more about the experiences of injured student-athletes can inform the work of coaches, counselors, athletic departments, and universities related to the specific stressors of this population.

Design

Balkin and Kleist (2017) explained qualitative data analysis stems from an inductive reasoning framework in which knowledge is developed from context instead of from exclusive prior knowledge. Therefore, the initial step for this qualitative analysis was to examine the lived experience of student-athletes coping with a season-ending injury, with a focus on how participants made meaning the experience. My interest in this phenomenon stems from personal experiences as an NCAA Division I student-athlete, team captain, assistant coach, and student services coordinator. These roles enabled me to gain insight and empathy into the struggles of student-athletes who experience season-ending injuries. Due to the effect injury has on an athlete's physical, emotional, and social well-being (Malinauskas, 2010), I used an approach that assesses each of these aspects to gain insight into their lived experiences. In this case, coping with a season ending injury is the lived experience I investigated.

Phenomenology is a type of qualitative method in which the researcher investigates the lived experiences of participants (Hays & Singh, 2012). The purpose of phenomenology is to examine narratives, experiences, and feelings of participants to gain insight into a specific phenomenon (Cilesiz, 2009; Husserl, 1970; Moustakas, 1994). A season-ending injury is a complicated event for an athlete that evokes emotional responses (Yang et al., 2007). Not every athlete experiences injury the same way. There are different coping mechanisms, views of self, and meaning-making methods. Therefore, a season-ending injury is considered a phenomenon lending itself to phenomenological research.

There are several different types of phenomenology (e.g., descriptive, hermeneutic; Sloan & Bowe, 2014). van Manen's (1990) hermeneutic phenomenological approach was used for data collection and analysis in the current study. Hermeneutic phenomenology is focused on the subjective experiences of individuals; therefore, interpretation is the closest thing to truth (Kafle, 2011). According to Sloan and Bowe (2014), hermeneutic phenomenology is unique in terms of complexity. As the researcher, I interpreted meanings found in the phenomenon, looked for themes, and interpretively engaged with the data. My background as a student-athlete gave me a reference point for anticipated themes and experiences. I have insight, personal connections, and empathy to the research topic, yet I understand everyone has differences in their experience.

Understanding the complexity of each participant's lived experience aligns with hermeneutic phenomenology. Contrary to descriptive phenomenology, a hermeneutic approach places less emphasis on the correlation of noema (i.e., the description of the phenomenon) and the noesis (i.e., the way a phenomenon is experienced; Sloane & Bowe, 2014), and more on the subjective experience of the participant (Kafle, 2011; van Manen, 1990). Language establishes the truth of data by using the parts and the whole of the text (Langdridge, 2007). A complete understanding

of the phenomenon is not possible, and the point of the research is to gain unique perspectives to keep exploring (Hein & Austin, 2001). It was essential I examined the phenomenon with intentionality. Therefore, I (a) maintained interest throughout the study, (b) investigated participants' lived experiences, (c) reflected themes, (d) described the phenomenon with writing and re-writing to improve understanding, and (e) viewed diverse dimensions of the phenomenon (Balkin & Kleist, 2017).

I believe knowledge and meaning are co-constructed (Balkin & Kleist, 2017; Haverkamp & Young, 2007; van Manen, 1990). A hermeneutic phenomenological approach is consistent with my beliefs and enabled me to gain an understanding of coping with injury for student-athletes.

Theoretical Framework

Phenomenology is strongly linked to constructivism (Chiari & Nuzzo, 1996). Constructivism is an interpretive theoretical perspective that focuses on how individuals make meaning on events based on their values, beliefs, and other mental processes (Paul et al., 2005). Furthermore, constructivism is a subjective approach, where multiple truths of reality exist (Paul et al., 2005). Phenomenology is derived from constructivism and focuses on how an individual makes sense of life events to gain a holistic understanding of the experience (Patton, 2002; Merriam, 2009).

In this case, the goal was to understand how student-athletes experienced coping with a season-ending injury in the college setting. As a phenomenological researcher, I focused on interpreting participants' own lived experiences rather than my own presuppositions (Balkin & Kleist, 2017). Constructivism assisted in bracketing my personal biases by enabling me to learn from the participants rather than make assumptions. On a personal level, I have experience with

minor injuries during NCAA Division I athletics. I also have friends and teammates who experienced season-ending injuries. My empathy and understanding were strengths of the study, and my experience contributed to the development of the interview protocol. However, I differentiated my teammates' and my experiences with the experiences of participants. For example, as an athlete, I used to believe an injury should not impact me if nothing was broken. My view has subsequently changed over time, and that is no longer the case. That was one of my beliefs, and others may have a totally different view, thus impacting coping and mental health. Furthermore, I was a perfectionist (to a fault at times), which may not be the mindset of participants. Therefore, I used hermeneutic phenomenology based in constructivism to best understand the experiences of injured college student-athletes to educate counselors on the specific stressors of this population.

Participants

To meet study criteria, student-athletes must have endured a season-ending injury (as defined by missing at least one third of the competitive season due to injury), yet had the ability to eventually return to the sport (i.e., injury not career ending). Therefore, these interviews were conducted retrospectively to minimize the amount of emotional distress that may have led to bias in the participants' views of their experiences. It is essential to minimize bias to gain accurate observations and opinions (Heath & Tindale, 1994).

Congruent with phenomenological methods (Balkin & Kliet, 2017), I sampled the population purposefully to ensure participants fit the criteria for the study. Creswell et al. (2007) explained purposeful sampling is useful in qualitative research because it ensures participants have experience with the phenomenon. I researched student-athletes coping with injury; therefore, my sample had an experience with the relevant phenomenon. This study is unique in

that each participant is a current or recently retired (i.e., in the past 3 years) student-athlete who returned to sport since a season-ending injury. To account for current trends and alleviate emotional bias, only athletes who returned to sport since injury were eligible to participate. The rationale for these parameters is:

1. These athletes have not had a significant time in retirement to reflect on an injury and skew their perceptions.
2. Due to a high level of athletic identity for current and recently retired athletes, the importance placed on sports can be higher than other life roles, including the development of futures plans and career (Webb et al., 1998).
3. They have successfully rehabilitated back into sport from the specific injury, therefore limiting further complications that may arise from premature retirement.

After receiving IRB approval, I used my contacts with multiple Division I universities across the United States to gain information about programs and recruit participants. I contacted associate athletic directors, head coaches, deans of education, past student-athletes, and a student-athlete services coordinator to determine if each university had a population that met the criteria of the study. The universities had an NCAA Division I athletic department, multiple sports programs and resources devoted to the well-being of student-athletes. My contacts shared information about the study with eligible participants. Furthermore, I posted an announcement and flyer on Facebook.

Consistent with the IRB protocol, each potential participant had to initiate contact with me. Potential participants were invited to participate in the screening process for the study. After obtaining informed consent, I provided an oral eligibility assessment (see Appendix B). If the

participant was deemed eligible and agreed to participate, I interviewed them using my interview protocol and demographic questions.

Sample Size

There are many different views of the number of participants needed for qualitative data. Some researchers recommend as little as one interview (Balkin & Kliet, 2017). Other researchers recommended interviewing 6 to 12 participants to achieve data saturation (Fusch & Ness, 2015). Guest et al. (2006) indicated six participants can be sufficient for qualitative analysis, especially as it relates to data saturation.

The concept of data saturation is difficult to quantify and define (Fusch & Ness, 2015). Guest et al. (2006) explained data saturation is achieved when the researcher can no longer develop data, themes, or codes. Furthermore, the point of saturation indicates the study can be replicated (O'Reilly & Parker, 2013). Every participant will have unique valuable experiences in this study. Therefore, the purpose of this study was to add rich information from cases to existing studies.

Crouch and McKenzie (2006) indicated in a qualitative study with fewer than 20 participants, researchers can enhance validity by facilitating relationships with participants. Furthermore, a 10-year analysis on qualitative data in sports psychology provided most studies involved fewer than six participants (Culver et al., 2003). Therefore, I kept these parameters in mind as I determined an appropriate sample size in this study.

In qualitative inquiry, researchers must use appropriate diversity sampling (Francis et al., 2010). I recruited participants through different sports across multiple universities to increase the diversity of the sample. I additionally looked for both athletes who received scholarships and those who did not as scholarships can impact motivation in sport (Medic et al., 2007). Lastly, age

and gender can impact training routines and rehabilitation from injury (Lemmer et al., 2000), so I recruited both men and women participants who were injured at different stages in their college career.

Role of the Researcher

As previously mentioned, I have personal connections with athletes coping with injury specifically in Division I athletics. I was a student-athlete and team captain, assistant coach, and a student services coordinator in an NCAA Division I athletic department. My experiences provided a plethora of insight into the phenomenon and guided my formation of the research question. Though I never experienced a season-ending injury, I endured minor injuries and witnessed other teammates and close friends sustain season-ending ones. Through these roles, athletes used me as a resource and support when expressing frustrations with injury and the recovery process. I connected them with resources on campus to provide support while they were coping with injury. Although these experiences led to my interest in counseling and research with injured student-athletes, I understood the participants are the focal points of the research. Empathy served me well in this study as I obtained rich data.

Data Collection

I sent an email with an informative flyer (see Appendix D) to a Division I athletic director, dean of education, head coaches, and former student-athletes whom I personally know. They shared my information to other coaches and athletes who had suggestions of people who fit the criteria. Furthermore, I posted a public recruitment post on Facebook. The social media post provided the majority of participants. Friends and colleagues shared my post on their personal Facebook pages and reached out to people they knew. The emails, flyer, and social media post

contained information about the study, criteria for eligibility, and my contact information for interested participants.

After each participant contacted me, I sent them an email thanking them for their interest. In this email, I provided the informed consent script (see Appendix C) and a copy of the flyer (see Appendix D). If they noted uncertainty about their eligibility, I sent an eligibility form (see Appendix B) for them to review. Once they consented, we scheduled a Zoom meeting. I kept the contact information for each participant and the interview schedule on a double password-protected file on a password-protected computer. At the beginning of each interview, I read the informed consent script and got their verbal consent. Each interview was recorded on a secure and password protected device. Additionally, I recorded the Zoom meeting to have backup audio in case of a technological mishap. I explained to participants the video recording will be immediately deleted after the interview. If the audio device did not work, I saved the Zoom recording (audio only) on a secure file on the aforementioned computer. To ensure optimal confidentiality, the voice-recording devices required two passwords to access. These standards were determined by the Standards for Privacy of Individually Identified Health Information under the Health Insurance Portability and Accountability Act (HIPAA; Annas, 2003).

After these initial stages were complete, I used two different methods for data collection. The first is my research protocol (see Appendix A). To enhance the interviews, the questions were based on a literature review of coping with injuries (Haverkamp & Young, 2007; Hunt, 2011) and the researcher's personal observations of athletes coping with injuries. Such preparation includes the identification of practical problems in the study, operationalization of research protocol, and insight into potential shortcomings of the study design (Van Teijlingen & Hundley, 2001). Secondly, I orally conducted a demographic questionnaire (see Appendix B). I

obtained data about the participant, such as age, race/ethnicity, sport, and scholarship status. This design for data collection is referred to as triangulation. Denzin (1978) explained data should be from (a) different participants from different time points, (b) different observers who can check the work of the main investigator, (c) multiple perspectives and hypotheses, and (d) use both “within-methods” and “between-methods.”

I conducted semi-structured, in-depth interviews that were approximately 30 minutes to 1 hour in length. Due to the limitations presented by the COVID-19 pandemic, interviews were conducted via Zoom (a video conference software). A video interview provided more information (i.e., visual reactions, nonverbal communication) than a telephone interview.

Data Analysis

The data analysis followed van Manen’s (1990) suggestion for hermeneutic phenomenology. In the examination of the phenomenon, I maintained interest, and explored participants’ lived experiences. A review of the literature review and transcripts enabled me to understand the experience to create themes.

During the interviews, I made note of nonverbal communication in a notebook. After the interviews, I typed notes in a password-protected file on my password-protected computer and shredded the paper notes. I refer to these notes as “observation notes.” I wrote about participants’ engagement and body language during the interview. Observation notes (a) provided insight into the interaction between the researcher and participant, (b) illustrated the whole picture, (c) captured context, and (d) informed the influence of physical surroundings (Mulhall, 2003).

Furthermore, I used a reflexive journal to analyze my reactions and thoughts about the interview. J. A. Smith and Osborne (2003) emphasized particular focus on the elements participants unintentionally filter, what events are unintentionally alluded to through their

narratives, and how their social context influences their responses. I paid particular attention to the parts of their narrative that resonated with me and parts with which I did not have experience. Additionally, I noted the development of themes.

I uploaded the audio recordings to my computer (in a password-protected file) and sent them to a secure online transcription program, Temi.com. After transcriptions were returned, I read through each of them while listening to the corresponding audio. I made necessary edits to ensure accuracy and confidentiality. I sent each participant their transcript to review. After they returned the document, I made edits as necessary. Then I uploaded the de-identified transcripts to Atlas.ti, a qualitative coding software for data analysis.

Coding and Theme Development

Atlas.ti aided me in reviewing transcripts, classifying data, and creating codes and themes in an efficient manner (Muhr, 1991). I read the transcript and listened to the audio interview in the software. Initially, I annotated the interviews line by line, using an open coding technique. I sent the first three transcripts to a peer debriefer with experience in qualitative data analysis. Due to limitations from the COVID-19 pandemic, I was unable to develop a coding team, so use of the peer debriefer enabled me to gain an outside perspective and enhance trustworthiness. This colleague is a doctoral candidate who took coursework in qualitative analysis and has phenomenological articles under review in counseling journals. I shared my transcripts, codes, and notes on theme development with her on a private Google Drive. I communicated with her via email and telephone to develop the final codes and discuss theme development. After the first three transcriptions, she explained the themes she saw emerging. I repeated this process twice more during the study.

After analyzing the first half of interviews using this technique, I used the methods of horizontalization to explore themes and create a formal codebook. Horizontalization is a process in which quotes in the transcript are chosen that are relevant to the phenomenon. I highlighted quotes that summarized participants' answers to each question from the interview protocol and put preliminary codes next to each quote. The application of preliminary code set me up to use sentencings to further develop codes and themes. The codebook was used to analyze the remaining interviews. My methodologist, dissertation chair, and various members of my committee reviewed the codebook. After each interview was transcribed, I read through each transcript while listening to the corresponding audio to make sure they were accurate and made edits as necessary. I sent each participant his or her transcript back to check for accuracy. Once they were returned, I made the suggested edits.

My peer debriefer examined the data and increased my awareness of my personal biases and also served as my auditor. The use of auditor supports the rigor of my study and assisted in developing trustworthiness. According to Hays and Singh (2012):

This person should be objective, fair to the data and the individuals it represents, and detail-oriented. . . . The auditor selected should have some expertise in your research topic and qualitative inquiry in general. . . . [Auditors complete tasks such as reviewing] raw data to confirm the overall themes were present in the data. (p. 209)

In addition to the aforementioned qualifications, this colleague fit these criteria because she is a retired athlete who experienced an injury, a former athletic coach and school counselor, and a counselor education doctoral candidate.

I went through each interview line by line. I highlighted quotes that summarized participants' answers to each question from the interview protocol and put codes next to each

quote. Then I organized each quote by code. I combined similar codes so I could develop a codebook and eventually themes. I sent my codebook to the peer debriefer with three coded transcriptions attached. Furthermore, they were given an uncoded section of an additional interview for them to code using the codebook. They tested my codes, affirmed the codebook was suitable, and sent me ideas on theme development.

Sentencing

The four tenets of phenomenology are the focus on a lived experience, the phenomenological attitude, rich description, and transformative relational process (Finlay, 2009). To adhere to these tenets, I used the process of sentencing to summarize the transcripts. Theorist Roland Barthes suggested narratives contain enigmas in which hermeneutic sentences provide an explanation to one's subjective truth (McCreless, 1991). This approach entailed finding sentences in the transcript that provide a summary of each page. Sentencing is consistent with the tenets of hermeneutic phenomenology as laid out by founder Martin Heidegger. The philosophical assumptions include interpretation, language, and an intuitive sense of knowledge (Wilson & Hutchinson, 1991). Therefore, detailed description of a lived experience provides a unique meaning and understanding of the relative phenomenon for each participant. It is important to note themes and subthemes were developed through a sentencing coding process and consultation with a peer debriefer. I coded each sentence of the transcripts in Atlas.ti line by line (i.e., annotated the transcripts). This method is congruent with an open coding technique. These codes were developed based on the summary of each quote. After I annotated the first three transcripts, I sent them to my peer debriefer to receive input on theme development and coding. Once seven of the 14 transcripts were coded with open codes, data were compiled in a spreadsheet to create a formal codebook. Categories were created from the literature review and

research protocol. Codes were developed from interviews, memos, and reflexive notes. This process enabled me to consolidate the open codes into axial codes to develop a clear and concise codebook (Strauss & Corbin, 1990). I sent the codebook to my peer debriefer, along with various members of my dissertation committee, and finished analyzing the rest of the transcripts using the codebook.

Subsequently, I organized the themes in a Microsoft Word document by code with each quote, congruent with qualitative data analysis as recommended by Attride-Stirling (2001). I sent this document to my peer debriefer for feedback. After I updated my theme analysis document, I conducted a second round of member checks with participants. I sent a list of developing themes with supporting quotes to each participant. I asked them if these quotes and themes reflected their lived experiences. To ensure confidentiality, I sent each participant documents with only their individual quotes. Edits were made as necessary, and I received participants' approval to continue with their participation in the study. I continued to share codes with my peer debriefer throughout data analysis. I organized and added codes after receiving input from them, updated the theme document, and highlighted quotes that most accurately depicted each theme.

Reduction and Elimination

Reduction and elimination enabled me to condense the data and develop more abstract labels (Balkin & Kleist, 2011). I reviewed the summaries created from sentencing and examined the preliminary codes developed through horizontalization. The review enabled me to efficiently highlight common experiences between participants by providing me a textural description of each transcript. Subsequently, I drew connections between the main themes from the initial data analysis. Through reduction and elimination, I edited repetitive and vague language, and clustered information to develop themes and subthemes (Moustakas, 1994). Ultimately, I created

codes that were congruent with themes that emerged.

Trustworthiness

Language is essential in phenomenology to ensure trustworthiness (Kaiser, 2009). Phenomenology is a trustworthy analysis due to the examples and quotations the researcher provides (Finlay, 1991). Phenomenology accounts for vividness, accuracy, and richness of data while conveying it in a clear and concise manner (Polkinghorne, 1983). According to Rolfe (2006), the reader and researcher must both judge the study to be trustworthy. Additionally, trustworthiness encompasses credibility (i.e., internal validity), dependability (i.e., reliability), transferability (i.e., external validity), and confirmability (Rolfe, 2006).

The first step I used to ensure trustworthiness is reflexive journaling. I wrote about what emotions and thoughts I experienced during the interview. I was transparent with myself to monitor presumptions so I did not have a narrow viewpoint (that potentially lends itself to leading questions during the interview process). Transparency is key to phenomenological research. Researchers are human beings with past experiences and biases that may impact the credibility and trustworthiness of claims (Balkin & Kliet, 2011). As I have experience as a Division I athlete, my level of empathy invoked feelings of sadness, helplessness, inspiration, and even pride. I thought about how the interviews related to teammates, friends, and myself. To clearly represent each participant's experience, I made note of potential research biases (Patton, 2002). Before interviewing participants, I discussed my experience as a student-athlete with my dissertation committee of advisors to increase my attention on my perceptions related to the current phenomenon. I wrote down all of my reactions to manage countertransference and honor participants' voices. This form of bracketing enabled me to enter the subject's worldview without presumptions of their experience (Crabtree & Miller, 1992). This type of reflexive

process was continued throughout data collection and analysis (Morrow, 2007). Ultimately, I used my insight yet still honored each participant's voice.

During the data analysis process, I reread transcripts while listening to the audio. The review of the transcripts enabled me to familiarize myself with the data, which led to a clear expression of the phenomenon with language that is credible and understandable. After rereading the transcripts, I repeated the process, this time highlighting quotes that stood out to me. This process enabled me to create preliminary codes.

To triangulate the data, I used a peer debriefer to gain another perspective. Ultimately, this process increased the credibility of my data. I sent three transcripts to the peer debriefer and she coded sections of them. After I inputted all of my preliminary codes, I sent my codebook to this colleague with three more transcripts. This colleague coded another section of various transcripts. I was able to gain perspectives from an experienced professional who was not as personally invested in the data relative to myself. Furthermore, I sent updated drafts of my codebook to multiple members of my dissertation committee and received feedback to efficiently combine codes. They provided feedback that objectively challenged and supported my analysis. Hays and Singh (2012) recommended maintaining an audit trail of research. Therefore, I maintained record of my observations, reflexive journals, communication with my peer debriefer, and the evolution of the codebook.

According to Hays and Singh (2012), all transcriptions should subsequently be sent back to participants to check accuracy. During the initial contact with each participant, I obtained their email address. The Zoom link and subsequent transcription were sent to the email provided. The process of sharing transcripts and conclusions enhances the validity of data and interpretations (Maxwell, 2013). Therefore, I offered to engage in a discussion with participants about their

transcripts. Not everyone took me up on this offer, but some participants did. This process enabled me to develop themes that emerged to best convey the data (Kaiser, 2009). Follow-up interviews were offered as necessary to clarify the lived experiences of participants, be sensitive to respondent burden, and reveal areas to examine more (Gleit & Graham, 1989). Respondent validation (also referred to as “member checking”) optimizes trustworthiness in a qualitative study (Merriam, 2009). Member checks are viewed as the “single most critical technique for establishing credibility” (Guba & Lincoln, 1989, p. 239). When edits to transcripts were returned, I made necessary adjustments. Afterwards, I enlisted the assistance of my peer debriefer, thus repeating the process of data analysis with increased validity. Ensuring trustworthiness prevents careless misrepresentation of data by optimizing the honesty and accuracy of the research (Mason, 2010).

Conclusion

This chapter described the research questions and methodology. This process entailed the recruitment of participants, collection and analysis of data, and my role as the researcher. Furthermore, the instrumentation and measures of trustworthiness are addressed. I interviewed current student-athletes who overcame a season-ending injury. Interviews were transcribed, and themes were developed using Atlas.ti. I sent transcriptions to participants, conducted a second round of interviews, and made adjustments to themes as needed. The selection of quotes on each page of the transcript served as a summary for me to reference as I examined results, made conclusions, and interpreted implications of the findings. Chapter 4 consists of the results.

CHAPTER 4 – RESULTS

The purpose of this qualitative study was to investigate the lived experiences of Division I student-athletes coping with a season-ending injury. In this chapter, I provide a description of participants, an analysis of research findings, and the themes and subthemes that emerged. I present the themes and subthemes that emerged in 14 interviews. The themes are: (a) Team Culture, (b) Emotional Response to Injury, (c) Impact on Identity Development, (d) Coping Resources Outside of the Team, and (e) the Impact of the COVID-19 Pandemic.

Within the theme of Team Culture, subthemes include: (a) Coaches Attitudes Foster Feelings About Injury, (b) Desire for Relationship Continuity, (c) Teammates Enact Team Culture, and (d) Social Life Negatively Affected. Subthemes for Emotional Response to Injury are (a) Grief, Loss, and Sadness; (b) Fear, Guilt, and Perfectionism; (c) Aids and Barriers to Mental Health Counseling; and (d) Guilt Associated With Scholarship Obligations. For Impact on Identity Development, subthemes include: (a) Value Linked to Athletic Ability, (b) Recovery Process as a System to Make Meaning, and (c) Taking on New Roles on the Team. Coping Resources Outside of the Team include: (a) Athletic Trainers as Mental Health First Responders Post Injury and (b) Support Outside Athletics Enhanced the Coping Experience, including professors, friends, physical therapists, and family. The final theme, Impact of the COVID-19 Pandemic, is discussed, as it is parallel to the experience of coping with a season-ending injury.

Description of Participants

Of the 14 participants, three identified as male and 11 identified as female. Due to time constraints and unknown barriers associated with the COVID-19 pandemic, these participants were the first 14 eligible people to reach out to me. I discuss this limitation in Chapter 5 and offer suggestions for future research. Participants were from eight different sports across six

NCAA Division I schools throughout the United States. Of the 14 participants, 12 identified as White, one identified as East African and Indian, and one identified as Filipino and White. Therefore, futures studies need to increase the racial and ethnic diversity of participants to gain more insight into the present phenomenon. All participants were either current student-athletes or retired from athletics in the last 3 years. Specifically, six participants were current student-athletes in the 2019-2020 school year and eight retired or graduated between 1 and 3 years. Participants were from both revenue- and non-revenue-generating sports. Each participant was assigned a specific participant number based on the order they were interviewed (see Table 1). The only form that connects participants to their respective number is on the researcher's personal, password-protected computer. The document with identifying information required two additional passwords to access.

Analysis of Research Findings

Results of the present study are comprised of the lived experiences of Division I student-athletes coping with a season-ending injury as presented through major themes and subthemes. Six major themes arose in the study (see Table 2). These themes emerged in each interview, yet each participant gave unique perspectives. Powerful individual quotes were provided as themes arose.

Table 1*Participant Demographics*

Participant	Race	Age	Gender	Scholarship Status
Participant 1	White	22	male	full-ride
Participant 2	White	22	male	walk-on
Participant 3	White and Filipino	22	female	walk-on at time of injury, later received a scholarship
Participant 4	White	23	female	full-ride
Participant 5	White	24	female	full-ride
Participant 6	White	23	female	full-ride
Participant 7	East African and Indian	20	female	walk-on
Participant 8	White	23	female	full-ride
Participant 9	White	21	female	walk-on
Participant 10	White	22	female	full-ride
Participant 11	White	21	male	walk-on
Participant 12	White	26	female	full-ride
Participant 13	White	24	female	scholarship
Participant 14	White	25	female	scholarship

Table 2*Major Themes and Subthemes*

Themes	Subthemes
Team Culture	a) Coach's Attitudes Foster Feelings About Injury b) Desire for Relationship Continuity c) Teammates Enact Team Culture d) Social Life Negatively Affected
Emotional Response to Injury	a) Grief, Loss, and Sadness b) Fear, Guilt, and Perfectionism c) Aids and Barriers to Mental Health Counseling
Impact on Identity Development	a) Value Linked to Athletic Ability b) Recovery Process as a System to Make Meaning c) Taking on New Roles on the Team
Coping Resources Outside of the Team	a) Athletic Trainers as Mental Health First Responders Post Injury b) Support Outside Athletics Enhanced the Coping Experience
Impact of COVID-19 Pandemic	a) Parallels of the Pandemic to a Season-Ending Injury

Team Culture

The first theme, Team Culture, had a tremendous influence on the student-athletes' experiences coping with a season-ending injury. The team culture is fostered by coaches' attitudes toward injury. Positive attitudes from coaches resulted in meaning making, a sense of understanding, and gratitude for the injury from the participant; negative attitudes included feelings of isolation, distress, worthlessness, and the perception of letting their coaches down. Participants indicated a desire to preserve and grow the relationship with their coaches and teammates during injury even though the amount of time at games and practices decreased. Further, members of the team enact these attitudes with their treatment of injured individuals. Positive interactions with teammates included support from current teammates and alumni through text messages and encouragement, favors from physically able teammates, and possibilities of inclusion in practice and in their social lives. However, with injury, the athletes are not always traveling with the team; therefore, exposure to bonding situations is limited. There

was also a social divide on the team for many participants between the physically healthy athletes and the injured ones, which negatively impacted the participants' social lives.

Coaches Foster Attitudes Toward Injury

Coaches had a tremendous influence on whether or not the athlete had a positive or negative experience coping with injuries. This phenomenon can stem from the team culture fostered by the coaches. Some participants mentioned they could not imagine going through the recovery process without their coaches' support. Some even mentioned their relationships improved with coaches due to the time sitting on the bench with the coach. Such support included: (a) finding different roles for the athlete, (b) caring about their holistic development, and (c) providing emotional support (e.g., giving a period of time to grieve the injury, checking-in). Negative experiences included being ignored or pushed aside when they were injured. All participants discussed the impact coaches had on the experience of coping with a season ending injury. Participant 6 stated, "I think how a coach reacts, how a coach treats you after an injury, has a huge impact on how an athlete processes it." Participant 8 added to this perception, "[Coaches] have the chance to really help us grow into people that we want to be, and they can do that. Or they can just push us away from the sport that we love."

Support and Understanding. Multiple participants described the advantages of a positive and encouraging response from coaches while coping with a season-ending injury. Such responses included open communication with the athlete, support for mental health needs, and a combination of empathy and encouragement. Participant 4 reflected on a helpful quote from her coach, "If you needed to go home this weekend for mental health, we support you. We'll let you do that." The acknowledgement of mental health needs demonstrated an understanding of the emotional impact injuries have on the athletes. Others mentioned their coaches were like parents

to them, which resulted in feelings “like I had support and a family.” Participant 14 recalled, “[My coach would] drive me to like the [cafeteria], walk me through, and get food for me . . . I was treated like one of her kids.” She went on to explain, “[My coach] would check up on me. I lived on her way driving to school so she’d pop in.” Participant 6 stated, “[The coach] made [a season-ending injury] a way for me to grow as opposed to a way for me [just to heal and return to sport].” She described the processing in which the coach demonstrated this support:

[The coach] let me have two weeks of being in a crappy mood . . . and then at about the 2-week mark . . . he basically said, “You were an incredible athlete. You’re an incredible teammate. You’re an incredible leader. You can’t be the athlete right now. I need you to work on these two” . . . And he [said], “You have every right to be upset . . . but I need you to flip it . . . and I need you to focus on your leadership because that’s what you have control of right now.”

The coaches’ immediate reactions to injury were impactful on the athletes. Participant 10 explained she assumed her coach was going to be “mad” and “disappointed” in her. She said, “That’s just where my mind jumped to, but of course she wasn’t . . . she first just wanted to make sure that I [was] okay.” Participant 14 explained his coach visited him as soon as he could after the surgery on the injured body part. He expressed, “[My coach] actually came to my hotel room to see how I was doing. . . . He took that extra step and I’ll never forget about it.”

Implied Pressure. In contrast to support and understanding, some participants mentioned they had negative experiences with coaches during a season-ending injury. They described there was “implied pressure” from coaches that was derived from high expectations and led to a “toxic relationship” with coaches. The implied pressure led the athletes to feel they needed to prove themselves while injured. Additionally, they were ignored by the coaches. It also was believed

injury contributed to this pressure from the coaches, leading to overtraining and ignoring injuries. Although Participant 13 coined the phrase “implied pressure,” it was a common subtheme among many participants. Participant 13 explained implied pressure as, “If I did not give [the sport while injured] my all, and I didn’t play through the pain, I knew I was not playing [at games] and my starting time was gone.” She went on to explain, “Anybody who got injured, tried to step out, or took a break—[coaches] looked at you like you’re not good enough and that will affect your playing time.” The pressure was amplified due to personal perceptions of injuries that were reinforced by coaches. Participant 9 described, “With any sport, with any injured athlete, you feel like you failed by getting hurt . . . I was already in my head, beating myself up for what happened. To have coaches feeding into those thoughts was pretty tough.” Participant 6 stated, “[The coach] placed a lot of guilt on me, at least that’s how I perceived it.” In addition, some athletes were expected to be in practice and only focus on sport while injured. Sitting on the sidelines led to some feelings of guilt and exclusion. Participant 9 described the experience:

My coach had me coming to practice for 4 hours every day and I wasn’t allowed to do homework or anything. I just sat with my leg up on a block . . . I had all these emotions, and I felt like I couldn’t make it about me.

Multiple athletes expressed the pressure and expectations from the coaches made them more susceptible to injury. Participant 9 said, “Coaches have always seemed to work against us instead of with us. I think that hindered a lot of our performances and probably enabled some injuries as well.” She continued by explaining athletes are “conditioned to strive for greatness, no matter what. [The coaches would say], ‘No pain, no gain, suck it up, get over it’ . . . They didn’t care to care about anything other than sport.” When reflecting on her season-ending injury she reported, “In hindsight, I honestly think my injury could have been prevented.” Participant 13

explained her coaches had her do a lot of things during practice when she was swollen and hurt. When speaking up about injuries, she said the coaches responded by “making you look [weak] and that you didn’t really want to play. It’s like, ‘Hey, my [body parts] are subluxing, I’m in a lot of pain, I need to take a break.’” The idea was she could not speak up about injury because there were negative implications about her from the coaches.

The negative implications about injured athletes facilitated an atmosphere in which they felt they needed to “prove” they were injured enough to sit out of practice. Participant 6 explained, “A toxic part of Division I culture is I always found if athletes had an injury that you couldn’t see, people would question it.” She went on to explain, “We all have this perception of ourselves, ‘I’m such a hard worker. I push through pain. If I ask for help, I really need it.’ That assumption wasn’t granted to everyone. I think that was toxic.” Participant 5 said:

There is comparison all the time, like, “Oh, you don’t hurt this much because [another girl on the team] didn’t hurt that much” . . . It really played [with] my head and I was like, “[Am] I making this up?”

Another common experience between participants is that coaches disregarded the injured people on the team. The coaches’ focus on only healthy athletes gave injured ones feelings of self-blame and failure. Participant 1 said he felt his coaches were not paying much attention to him and their communication with him lessened. Participant 8 explained, “[The coach] just didn’t tolerate injury. . . . She only liked you when you’re at your best, not when you [were injured] . . . [she was] very dismissive.” Participant 7 expressed, “[The coaches] would ignore me . . . they would physically walk past me and wouldn’t say hi to me.” When reflecting on her interactions with coaches while injured, Participant 3 felt “it was much easier [for the coach] to just focus on the people that were performing the best, but that left everyone else behind.” The

reaction from the coaches led her to believe there was not a purpose for her being on the team while injured. Participant 9 recalled, “If you weren’t [competing], you just got ignored for the most part.” Some participants felt the coaches deemed them as “not useful to the team” and others recommended coaches receive more training and education to support the mental health of student-athletes who are not competitive.

Desire for Relationship Continuity

Preservation and growth of the relationship with their coaches was important to the participants while coping with a season-ending injury. To encourage a level of support and understanding, participants provided advice to coaches based on their experiences. Participant 7 recommended the coaches conduct “mental-health check-ins . . . don’t ignore the situation.” Participant 3 expressed coaches should, “pay special attention to injured student-athletes—[as in] having individual meetings for them. It would be really helpful.” She explained there is a lot of bonding that occurs between coach and athlete during trips to games and tournaments. As an injured student-athlete, those bonding opportunities are limited. The main advice student-athletes who endured a season-ending injury gave to coaches is to view them as people instead of just athletes at the school for one job. Participant 1 expressed, “I think coaches need to understand we are not objects. We are people. You can’t just get pissed at [us] for getting hurt.” Participant 9 added, “I wish there was more of a holistic approach to recovery . . . it would have been nice to be treated as a person and an athlete who could contribute more than just physical assets.” Others mentioned improved communication with coaches would be helpful. Multiple participants advocated that coaches provide mental health check-ins with injured student-athletes. Through mental health check-ins, injured student-athletes can feel cared for, supported, and encouraged

through the recovery process. Participants who indicated they had effective communication with coaches provided positive reflections of their time injured because of their respective coaches.

Teammates Enact Team Culture

Participants indicated various experiences with teammates while coping with a season-ending injury. The way they described the influence of teammates was similar to that of coaches. Athletes surround themselves with teammates before, during, and after injury. Missing out on team bonding can lead to feelings of isolation (i.e., not part of the team). Injured student-athletes felt weird talking about sport with those competing. Hearing about the successes of the team during the season and feeling they cannot relate (or they missed out) was difficult for some participants. Although some teammates made the effort to include them in parties and social functions, the physical limitations and focus on recovery made involvement difficult.

An interesting theme that arose was the divide between healthy and injured athletes. In general, other injured athletes at the school provided great support. The level of empathy they provided enabled injured athletes to feel understood and hopeful. However, for teammates who “didn’t understand” injury, there was perceived judgment and skepticism. Participants felt as though they needed to prove to others they were actually injured. Participant 12 even mentioned she was no longer in the “in crowd” of successful athletes, reiterating the narrative that her value as a person was linked to sport. In some cases, the injured athletes were not included in nonathletic-based team activities and were not treated as part of the team. Teammates would make comments on physical changes, including weight and body image remarks. In contrast, Participant 11 mentioned he grew closer to teammates because they went out of their way to check in and help him. He said he never felt as popular as he did while injured. It was noted teammates recommended counseling services if they noticed the participant was struggling to

cope with injury. Participant 1 said a teammate sat in his car and talked for over an hour to make sure he was doing okay. Others mentioned they were included in as much as they could be and would interact, celebrate victories, and feel like part of team successes. Participant 2 mentioned sitting in the stands at games and competitions made him feel left out. The most helpful responses from teammates were when they celebrated the “little victories” that indicate a comeback—feeling supported for achieving milestones. The complex influence of teammates was summarized by Participant 2 who said, “[Teammates] tried to include me in things, but [in sport] it’s just hard because [they’re] focusing on what [they] need to do.”

Support and Understanding. In reference to support from teammates, Participant 9 recalled, “Ultimately, I really did have some phenomenal teammates that I leaned on and were helpful.” General support and understanding were demonstrated through team dynamics and check-ins from teammates. When a teammate inquired about the well-being of an injured athlete, it made participants feel supported. Multiple participants discussed it was helpful to feel cared about. It enabled them to feel included in the team. Teammates would initiate a conversation with the injured athlete on the day the injury occurred to make sure he was doing well.

Participant 5 mentioned:

I had a couple of teammates that I would not have made it through without. [Teammates] advocated for me. They [would say], “I noticed that today was really hard on you.”

[They] just said, “I don’t know what you are going through, but how can I support you?”

That meant a lot to me while going through [injury].

Regarding team dynamics, multiple participants described the culture of their team was one where everyone supported and cared for one another. Participant 2 explained, “we developed a chemistry where you got your brother’s back. They wanted to see me out there too.” Participant

11 said, “All my teammates texted me, ‘how are you doing?’ [It was] probably the most popular my phone’s ever been. That was really nice.” Participant 4 entered college in her first semester with an injury endured over the summer. Ultimately, the injury became a season-ending one, and the athlete qualified for a medical redshirt. She reported, “The team was pretty welcoming and very accepting of people coming in regardless of injuries.”

An impactful reaction from teammates was when they celebrated with the injured athletes as they began recovering. A season-ending injury, as opposed to a career-ending injury, has been described as “hopeful” because there is a chance to return to sport. There was a timeline set and a goal to achieve. The recovery process is characterized by introducing small amounts of sport back little by little. The trainers and coaches observe how the athlete’s body responds before he or she is fully cleared to participate in their sport. It was conducive to positive coping when teammates expressed as much excitement about recovery as the injured player. Participant 5 recalled:

I can’t even tell you the support I was getting from my teammates that day. [They were] so excited for me. And when I [competed well] for the first time, being able to represent my school, and represent everything I’d been through in that past year, was incredibly emotional for me.

She went on to explain her teammates believed it was “important to celebrate exciting milestones” during the recovery process. She had a lot of “support and excitement leading up to a comeback.” She found that experience “super helpful” and “made the rehab feel like it was worth it.” Participant 4 recalled she had a “drive and eagerness to prove why [she] was on the team and show [she] was there for a reason.”

Divide on the Team. A notable common experience arose throughout the interviews.

There tended to be a stigma around season-ending injuries in athletic teams. It seemed as though participants perceived their non-injured teammates to be judgmental, resulting in exclusion of the injured in many ways. Participant 5 summarized this experience:

I think there needs to be less stigma on a team between the people who are hurt and the people who are healthy. [Healthy teammates] don't understand that people didn't choose to get hurt. . . . There [are] people on the team who don't quite understand injuries and don't quite know what you're going through. . . . If [they] haven't been injured, they don't quite understand how difficult it can be mentally.

Participant 5 mentioned she felt very isolated from her team, and there was a clear divide on the team. She explained, "During that time there were a lot of us injured. It made a 'Group A' and 'Group B'—those who were [healthy] and those who weren't. . . . That was really difficult." She went on to explain how hurtful it was that some teammates did not reach out to her while injured. She stated, "It made me feel that [teammates] thought the only ones who were physically doing the sport were the ones who mattered." Exclusion of injured athletes was common for many participants. When Participant 12 played well, she reported her number of friends on the team increased. However, the moment she got injured, she perceived teammates looked at her differently. In fact, she explained, "It was like, 'Okay she's out of the club, so bye' . . . You're in because you're good, you're out if you're not." Another participant explained:

I felt like the team didn't really support the people who were injured. That was a brutal wake up call. And you take that with you. You don't forget that. You are told, basically, "You're not really part of the team."

Many participants wished their teammates understood the physical and emotional toll season-ending injuries took on them. It was not an experience they quickly “got over.” In fact, the injured had a “different set of needs” than the ones who were not experiencing injury. It “changed how [injured athletes] related to teammates.” Moreover, multiple participants expressed body image decreased during times of injury. Participant 7 said, “I think everybody struggles with body image . . . and on top of that, you’re injured and can’t do anything about it.” These ideas were perpetuated by comments from teammates. Participant 5 expressed her teammates would say, “You’re gaining a lot of weight while injured,” “You are not contributing as much,” and “You don’t care as much because you could be doing more while injured.” Furthermore, Participant 8 mentioned she was weighed in once a week, which exacerbated a toxic relationship with her body. Participant 12 said she felt “judged” when teammates would joke about the weight of those “sized differently” on the team. These comments perpetuated the idea that physical fitness indicated self-worth and value on the team.

Social Life Negatively Affected

The social divide on the team between the healthy and injured athletes impacted their social life beyond athletics. Many of the athletes I interviewed indicated their teammates comprised their primary social life. They would practice together, attend social events, and some even lived together. Therefore, most of their social interactions were with their teammates.

When a season-ending injury occurs, one’s participation in their sport is hindered. These athletes miss out on bonding time with the team during traveling and away games. They are usually doing rehabilitation in the athletic training room while others are practicing. Participant 2 described, “[teammates] tried to include me in things, but with practice it’s hard because [everyone] is focusing on what [they] need to [do].” Participant 7 expressed, “I just remember

not feeling like I wasn't even on the team . . . I always hated going to practice and sitting on the sidelines every day." Furthermore, physical limitations tend to make social events and parties more difficult to attend. Even when they were able to attend social events, some of them felt alone because conversations revolved around athletics, and they felt they did not have much to contribute to the conversation. Participant 5 summarized this experience as, "Social life is weird because your team is your social life . . . they really want to be there for you, but they don't know how . . . I felt pretty lonely." Participant 3 stated:

We all care about [sport]. It is exciting when someone does well [at sport]. So, when we're in social situations, [we all talk] about how great [someone] did [at a sporting event]. So even with them, I felt like I wasn't contributing.

This participant went on to explain, "I felt as though I couldn't contribute to the conversation as much." Participant 1 expressed, "all of my friends were on the team, and I didn't want to talk to them about [the injury] because they were working their butts off every day and I was just sitting there doing rehab." Notably, the idea that self-reflection while injured led to insight about oneself others do not have. Participant 5 described this experience:

As the person who is injured, you realize [personal] changes really fast. . . . It takes the people you've done the sport with a little bit longer to realize where you're at. . . . It has an effect on both your sport and social life.

Athletes coping with a season-ending injury tend to miss opportunities granted to physically healthy athletes (i.e., traveling with the team, playing in games, and attending practice). Participant 14 described, "I felt so disconnected from the team when they were traveling . . . [they are] your family and now [they are] off elsewhere, moving on, and you're stuck on bed rest." Another reported her experience as follows: "When I had to sit out [from a

game], I didn't really feel part of the team. . . . [I didn't] really feel [valued]." Participant 2 recalled, "on road trips, I would have to watch my team play on TV," indicating he felt left out and distant from the team. He discussed there was a contrast between being on the field with the team and watching from the stands. Participant 1 reported feeling excluded from team success. He expressed:

I was sitting, watching my team win [the national championships]. I didn't do a damn thing to contribute, physically . . . I was really happy for my team but was really bummed out for myself. I still got the [championship] ring and everything, but when I got that, I felt like I didn't earn it.

Participant 6 recalled, "Even if we had a big win, everyone would run out to the court, and I [physically] couldn't run out on the court." Exclusion from celebrating was due to the physical limitations a lower body injury created and the emotional response of feeling she did not contribute to the win.

Fewer Opportunities to Socialize. Another aspect impacting social life is that injured athletes could not physically go out to socialize. Attending school functions, parties, and gatherings seemed to be a large part of a healthy social life. Many indicated a loss of mobility inhibited their ability to do active things. Participant 5 described this idea as, "not only do you lose your sport, it feels like you lost control of your body. And that can be really scary." Participant 6 stated, "My teammates were going out, having fun, going to parties, and going to homecoming. I tried a couple times, but it did not go well, safety-wise. I just felt like I was holding everyone up." She continued, "I always felt I was slowing everyone down. I usually didn't go out and got a little isolating." A participant who endured a brain injury recalled, "There was no partying for me . . . you can't drink when you have a brain injury . . . I had a hard time

focusing and concentrating. Holding conversations with people was really challenging.” Others discussed how going out with friends would hinder their recovery. For instance, Participant 11 quoted, “Going back to parties was kind of stressful for [me]. A party didn’t mean enough to me to risk my surgery . . . which is why I avoided them.” Participant 12 expressed, “I already had to sit out for weeks, months, a whole season, maybe forever. I don’t really want to get in trouble or be caught . . . I would just throw myself a pity party.”

Emotional Response to Injury

Each participant expressed their mental health was impacted by a season-ending injury. Many explained the initial response was internalization. They assumed the blame for the injury, felt like failures, and were disappointed in themselves. Furthermore, the outlet they used to improve mental health (i.e., sport) was “taken away.” Less frequently, yet still notable, initial reactions were defined by a short-lived feeling of relief. Mental health tended to increase through the recovery process as the injury was rehabilitated and sport was reintroduced to the athletes. Improvements in mental health included feelings of hope and excitement. However, progress in physical recovery was typically followed by a steady plateau when anxiety tended to rise. During this stage, participants noted they tried to stay busy and explore other areas of life outside of sport. As they recovered, mental health improved. Some participants expressed positive experiences with counseling when injured, and others noted negative experiences and barriers to seeking help. This section will describe these experiences as supported by participants’ quotes.

Grief, Loss, and Sadness

Participant 10 recalled, “Right after my injury, my mental health definitely plummeted . . . I thought my injury was going to be the end of the world.” She went on to explain this mindset only lasted for a few days, but she “felt like everything was gone” directly after injury. Other

participants referred to the period of time after the onset of injury as “a dark time in my life,” “heartbroken that I couldn’t play,” and “honestly, pissed at first.” Participant 6 reflected, “I had no idea how mentally taxing it was going to be. When [injury] happens, there is a grieving period.” Participant 1 mentioned, immediately after his injury, he experienced a bit of relief. Leading up to injury, he stated, “I was having bad practice after bad practice. I remember I was in a bad state, and when the injury first happened, I was the slightest bit relieved.” Participant 8 echoed this idea. She reported, “I think I was starting to experience burnout. So, I think [the injury] helped me redirect where I want to go [as an athlete].”

Many participants referred to sport as an “outlet.” College is a stressful time. As discussed in the literature review and reinforced through the interviews, there are a lot of stressors endured by college students. Student-athletes experience a unique set of stressors marked by an increased number of commitments. Athletes tend to use sport as a mental health outlet. They can focus on one thing they love for hours at a time, experience feelings of success, receive social support, and physically exercise. Participant 11 stated:

[Sport] has always given me that ability where you walk into practice, and the test you have coming up, the quiz you just failed, or the homework you have gets left at the door . . . all those problems kind of fade. . . . That’s one of the reasons I loved the sport so much.

Therefore, when a season-ending injury occurs, this wellness mechanism is taken away from the athlete for a significant period of time. Participant 9 expressed, “Going into my sophomore year, I learned how to use [sport] as my outlet. It was pretty rough when it was all taken away.” Others expressed how the athletic environment was no longer stress relieving when injured. Participant 11 explained he used to pride himself on the ability to “leave bags at the

door.” He explained this phrase to mean he could put external stressors behind him and just focus on sport during the practice. He continued to recall, “At times I was feeling even more down on myself because I couldn’t leave my bags at the door. I couldn’t just forget [my injury]. . . The ‘fun’ kind of faded.” Furthermore, Participant 3 explained spending so much time in the training room and working on rehabilitation exercises “taints” the experience of being at practice. She said, “It wasn’t a happy place because I was injured. I was [at practice] all the time and I did not want to keep being [there].”

Recovery Plateau. Most participants mentioned hope and optimism improved in spurts during the recovery process. These moments were defined by improvement with the injury, reintroducing aspects of sports, and feeling motivated. However, between these milestones are periods of “plateaus” where recovery “feels like a waiting game.” Due to the recovery plateaus, Participant 7 said the lowest mental health point is “a quarter way through the recovery process.” She explained mental health distress was further exacerbated by poor body image as a result of injury and the time it took to heal. Participant 11 explained, “The more I felt stagnant and not making progress, the more difficult it was for me to be upbeat and enthusiastic . . . my mental health got worse the longer I went without feeling like I made progress.” He went on to describe, “The limitations I had in the [sport] made me feel like I wasn’t doing as much as I could. That was the really challenging part.” Furthermore, Participant 6 expressed, “It was a waiting game for 6 months, and I got super anxious . . . anxiety was unreal at that time.”

Participants reported anxiety about the plateau in recovery stemmed from uncertainty and extended prognoses from doctors and athletic trainers. Participant 6 expressed, “I started having panic attacks [that were] about the uncertainty of [recovery]. . . . My doctors weren’t sure of what was going to happen.” On the other hand, Participant 2 stated:

My initial reaction was that I'll be back and ready to play [in 4 to 6 weeks] . . . 4 weeks come along and nothing is healed, and [I was told] it would be another 4 to 6 weeks.

That's when I got really sad.

The increase in hope and subsequent disappointment tended to impact the coping process.

Participant 11 summarized this experience:

If you set out a plan and the plan falls together, you've mentally prepared for that. You're hitting all the right checkpoints. But when it feels like you miss one of those checkpoints and you don't reach your goal for recovery—[you have to] be able to readjust your timeline. I found that to be the really challenging part.

Partly, this mindset was due to an internal feeling of being a “failure.” Participant 9 expressed, “When you're injured, you're conditioned to think that you failed. It's a tough reality.” She explained there is a culture in all sports that when an athlete gets hurt, they have failed.

Fear, Guilt, and Perfectionism

During the time out of sport, participants discussed additional challenges impacted their experience coping with a season-ending injury. Such challenges included guilt associated with scholarship status and the impact of perfectionism. Whether or not the participant identified as a perfectionist, perfectionism impacted their experience. Participants who identified as perfectionists indicated perfectionism either enhanced or compounded their experience. Perfectionism led to the fear of returning to sport at a lower athletic level than they were before the injury. In contrast, some participants indicated they redirected their perfectionism they usually apply to sport they applied to injury rehabilitation. In fact, some participants said their perfectionism returned them to sport sooner than expected. Those who did not identify as

perfectionists stated they experienced less internal pressure to return to sport at the level they were at before injury.

Guilt Associated With Scholarship Obligations. Those with athletic scholarships felt extra pressure to not ask for help while coping with injury. Participants feared their scholarships would be taken away from them due to injury, and others felt guilty for having a scholarship and not fulfilling the job for which they were recruited. They were afraid of speaking up about injuries due to fear of being perceived as not caring or weak, had to prove they were hurt, and there was an “implied pressure” to not admit pain, as described earlier. The pressure of scholarships tended to make others feel owned by the school like they were being paid for a job and it was expected they work fully or that the “job” can be taken away. Participant 5 explained, “[The expectations of scholarship] came up a lot for me during injury. The idea that I was getting paid to do a job and [athletics] was buying my education.” Participant 1 noted the pressure from other teammates to match his full scholarship worthy ability led to feelings of guilt. Participant 8 recalled, “I felt guilty for not competing . . . [the school] gives you \$50,000 or more, and you’re just sitting on your butt.” This participant went on to state:

It’s one thing for an athlete to get injured and sit out the season. It’s another thing for a full scholarship athlete to get injured and sit out the season. [There was] guilt I carried knowing I was in the top position [the year before] and had a lot of expectations on my shoulders.

The fear injury would lead to a revocation of their scholarships. Participant 8 said, “They can’t take away scholarships because of injury, [but] being a big institution, with their power, they can always find ways [to take away scholarships] and you can’t do anything about it.”

Participant 13 mentioned she feared speaking up about an injury or confronting coaches about maltreatment during injury. She explained:

I still have dreams about confronting them and wishing I stood up for myself. But I also had the fear of: “Am I going to lose my scholarship? Am I going to lose my spot? Will they kick me off the team.”

In cases like these, the athlete felt injury is not an option even if the coaches are repeatedly requiring exercises that exacerbate one’s injury. At times scholarships can add pressure to injured athletes both athletic and counseling departments must consider.

Impact of Perfectionism. Perfectionism played a role in many participants’ experience in sport and during the recovery process while coping with injury. Participant 9 powerfully explained her general experience of perfectionism, “I think perfectionism is my middle name . . . for me, striving for perfection was the goal so much that it became the enemy.” Participant 10 contrasted the benefits and drawbacks of perfectionism. She expressed her gratitude for the positive qualities perfectionism provided her including “organization.” However, she stated, “I feel an overly perfectionist attitude can be harmful. When certain things have to be a certain way, but sometimes it’s out of my control. With injury, I felt like I couldn’t control the situation.” Many participants explained distress from perfectionism stemmed from the inability to control their bodies or the recovery process. Some participants were “afraid of messing up,” not being at the level in sport they once were or feeling pressure to “prove” they were as capable in sport as they were before the injury. Many compared themselves to their non-injured teammates and worried about “not being the best.” Participant 8 explained, “I just wanted to be the best [but when I was] out for a period of time, [I’m] not the best anymore. It’s hard to come back.” She expressed, “[Perfectionism] held me back for quite a while. I didn’t want to do the workout

because I didn't want to do bad." Others explained, "the fact I couldn't control how my body was reacting to injury was absolutely devastating" and "[during injury] I [couldn't] do anything to make it perfect." Meanwhile, Participant 2 reported positive reactions with perfectionism as, "I think once you let go, give in, and realize that you won't be able to control everything, you're a lot better off."

Results from these interviews indicate two different mindsets of perfectionism while coping with injury. One perspective stemmed from someone without perfectionist tendencies. For instance, Participant 11 expressed acceptance of an imperfect recovery process, "I knew nothing was going to be perfect; there would be a lot of ups and downs, which is why I [used] a 'progress mindset.'" He explained a "progress mindset" as movement toward recovery each day. Participant 5 echoed this idea by stating, "I definitely think [the season-ending injury] was a defining moment in my life. [It] taught me how to live a life without the expectation of perfectionism." Participant 1 shared perfectionism improved his experience coping with injury. He recalled:

Every single [injury] I've had, I've always pushed hard with [physical] therapy and [was] able to come back sooner than doctors' expected. That's happened every single time I've gotten hurt. I think [my] perfectionist [qualities] definitely helped me with that. Because I just try to give 100% with [physical] therapy and getting better.

Aids and Barriers to Mental Health Counseling

Some participants used counseling services through either the university or the athletic department (i.e., sports psychologist). Some coaches required their injured student-athletes to "check-in" with the sport psychologist. For others, teammates recommended the counseling center on campus or the athlete discovered counseling on their own. Participant 5 explained:

I think the athletic community has lacked this conversation on mental health. I know there are awesome strides and awesome programs being directed toward [mental health], but it's a good [resource] to talk to when [enduring] a season-ending injury. For a lot of athletes, that's a huge, life defining moment.

Participant 1 expressed a very positive experience with mental health counseling while coping with injury. He attended the counseling center the university provided to all students. He recalled:

They were just really good listeners. It helped me to just vent and share things I didn't want to share with my friends or family. They didn't give me advice right away, they wanted to understand everything I was going through . . . I noticed once I started talking, it just started flowing out. . . . They genuinely cared about me.

While in college, student-athletes tend to be viewed as only athletes. However, mental health counselors have an opportunity to grant these athletes opportunities to explore other aspects of their identities. Participant 5 further expressed:

[Counselors help athletes] be a person outside of [sport]. That was really helpful . . . they didn't care that I was an [athlete] and it felt really good to be looked at as a person for the first time.

This participant continued to explain, "I think that helped me value myself outside of my sport." These perspectives indicate counselors can provide a source of support for athletes to uncover stressors that may be deeper than the injury. They can help athletes explore what sport means to them, why it matters so much, and what their identity looks like outside of sport. Participant 3 added, "I think the idea of having someone you can talk to in another building (outside of the

athletic department) that is completely unrelated to the people you have to deal with all the time [is] a good idea.”

Barriers to Counseling. In general, participants indicated the stigma around being an athlete made it difficult to seek mental health services. There was pressure to be “mentally tough.” In fact, many athletes expressed seeking counseling services would make them seem “weak” to others. Participant 2 mentioned, “I’d say male athletes just want to seem strong and [seeking counseling makes you seem] weak for being vulnerable.” Another barrier is many counselors do not have much experience with athletics or education on the specific needs for injured student-athletes. Participant 4 explained, “If I went to the regular counseling center, they wouldn’t understand all the difficulties student-athletes face.” Although this participant did not seek counseling, Participant 9 who did receive counseling echoed her thought. She said:

[I experienced] frustration with [the counselor] I saw: She had no background in athletics. When I expressed I was struggling with my sport, the first advice I got was to quit. I said, “Well, I cannot quit [even if it makes me unhappy from time to time], [my sport] is my identity.”

Many participants attended their specific college to be on their respective sports team. For some, doing the sport was the only way they could financially attend their specific school. Although the option to quit sports was available, there were a lot of internal and external factors to take into consideration. Athletes who felt counselors did not understand their perspective prevented them from continuing services. Participant 9 described, “The first [counselor] I saw, I didn’t click with. I think that had a frustrating impression on me.” Participant 6 explained, “I always felt the need to validate how important sport was . . . I felt I needed to prove why it hurts so much to not be able to play.”

Another barrier that arose through the interviews is athletes did not want to spend more time in a session focusing on the injury due to the numerous commitments they already had (i.e., physical rehabilitation and time commitments with athletics). Participant 7 explained, “I don’t have enough time [for counseling] because of rehab, practice, and school—everything was taking me longer to do. I don’t even have time to seek help.” Further, Participant 9 reported, “Counseling just seemed like an extra stressor that I did not want to take on.”

Sports psychologists were typically more convenient since they were located in the athletic department. However, multiple perceptions of the sports psychology department served as barriers for using them. Participant 3 stated, “I just couldn’t even fathom spending any more time in the [sports facility] . . . I didn’t want to talk about [sport] in a room where my coaches could walk by and hear what I was saying.” Others did not feel invested in sports psychology because it was a requirement from the coach. Participant 8 explained, “It was something I had to do, not something I wanted to do . . . I don’t think I achieved a lot from it.” It was explained as another commitment essential to return to sport. Other participants expressed they did not trust what they told their sports psychologists would remain confidential. Since there is communication between the sports psychologist and the coach, many participants were guarded during therapy sessions. Participant 10 summarized, “I wish there was a psychologist that I felt like I could trust. I know they are supposed to be confidential, but I felt like that [was not the case].”

Impact on Identity Development

For many participants, their participation in athletics comprised most of their time during childhood, teenage years, and into emerging adulthood. Their identity was consumed within athletics. Therefore, some participants developed a feeling that their value as an individual was

linked to their athletic ability and successes. Such markers include times, score, win-loss records, and ranking against other athletes and teams. When a season-ending injury occurred, participants had time to explore other dimensions of identity, make meaning of the experience, and take on new roles on their team.

Value Linked to Athletic Ability

One common belief that impacted identity development was the idea that the individual's value is linked to their athletic ability or accomplishments. Participant 4 said, "When I had to sit out, I didn't really feel part of the team. There was a lot of readjusting . . . [I didn't] feel valued." Participant 3 expressed this idea stemmed from attention and praise that is taken away when injured: "If you're breaking school records . . . that's who is respected on the team." She also suggested coaches express the value added to the team by each teammate whether injured or not. She indicated her value was linked to a number on the team, a time compared to teammates. She expressed, "[Being injured] is worse than having a bad number; it's like you don't have a number." This statement was powerful in the sense she felt worthless without sport defining her. Participant 5 expanded on this idea, "I think [injury] reinforced a negative loop in my head. I was saying, 'if you aren't healthy, you are not worthy—you are not valuable to this team.'"

The link between athletic ability and value enabled comparisons to one's former self (i.e., before injury) and to other teammates who successfully rehabilitated from injury. Participant 5 explained:

My season ending injury was a [lower body] injury. The expectation was that I was going to have the same [ability] that I got recruited with. And it was something I wanted so badly. It was all consuming for me. . . . [There was] constant comparison such as, "You

should be where you were before [injury]" or, "You should be where [this teammate] was after the injury." That was hard for me to mentally grapple with.

The athletes generally indicated injury had an impact on their identity development. Some indicated minimal changes such as a Participant 1 who said, "I wouldn't say I totally became a different person after the injury. . . . But I started to realize there is more than sport." However, others expressed significant changes in the way they viewed themselves. Some underwent emotionally draining journeys where they felt lost in identity and "didn't want to explore what life was like without sport."

Before the injury occurred, many participants recalled exclusivity with the athletic identity. For instance, Participant 6 expressed, "Before I got injured, my identity was extremely rooted in my athletic abilities." Participant 5 stated, "I was [an athlete], that was the first thing—I was an NCAA athlete," and, "You identify yourself [as an athlete]. . . . You're told what you're going to wear, where you're going to be, who you're going to be with, and what you're going to do." These quotes indicate many participants did not explore much of their identity, outside of athleticism, before the injury. Therefore, when injury occurred, many experienced a challenge to discover what their identities were without athletics. Participant 14 summarized this idea: "It's really challenging to separate who you are as a person. Your identity is an athlete. Your entire life is your sport. When that's taken away from you, it's really confusing." Further, Participant 5 stated, "It was the first time I had to consider, 'Oh shoot, what would I be without [athletics]?' . . . What am I outside of that?" Participants discussed how one's day-to-day life drastically changed. For instance, Participant 7 said, "You go to class and plan your whole day around, 'What do I need to eat so I can make it through afternoon practice?'" Moreover, Participant 11 said, "There's a [game] this weekend. What do I need to do to prepare for that? Whether it's

pushing off homework or getting homework done earlier. My whole life revolved around [sport].”

In reference to the impact of sport on identity, Participant 6 expressed, “I got to this school because I play sports. There’s a 0% chance I would be where I am right now if I didn’t play this sport. Now I don’t have it.” This insight and exploration of values while injured led to long-term meaning making of their experience with injury. Some participants examined what they valued outside of sport. They engaged in self-reflection to evaluate who they are as people. For example, Participant 9 expressed:

I learned there was more to life than my sport, which is probably one of the hardest lessons I ever had to learn . . . [I asked myself], “How am I going to take what I learned from the sport into the real world?”

This was a time during the injury experience where many participants started to accept athletics was only one part of their identity. Participant 10 summarized, “Of course being an athlete still defines me in some regard, but it’s not the only thing that defines me.”

Recovery Process as a System to Make Meaning

Participant 12 explained a season-ending injury can lead to a reevaluation of “[injury] makes you reconsider a lot of stuff. Why am I here? What do I want?” Participants expressed the exploration of identity was a meaning making experience in their lives. For instance, Participant 3 stated, “It was a pretty dark time, but it made the rest of my college [experience] so much better because it made me want to change the parts that were so dark.” This idea resulted in an investment in academics, social activities, and joining clubs and organizations. Participant 3 expanded on the contrast: “On one hand, it was a rough time, but it also showed me that it’s okay to explore other parts of [myself].” Further, Participant 10 expressed, “I had to take a step back

[from sport] and realize the bigger picture of my situation . . . I have other things going for me.”

Many indicated they “threw” themselves into academics more when realizing “sport wasn’t everything.” In fact, Participants 1, 10, and 8 said they “enjoyed academics more.” They expressed this period of time set them for their future careers and lives retired from athletics.

Participant 2 advocated for identity exploration for incoming freshmen athletes:

I think coaching staffs across the nation need to push [for identity exploration outside of sport]. You see it all the time; all these kids with so much talent get too wrapped up in their sport. They just can’t succeed because all of their eggs are in one basket. And there is anxiety and pressure they feel.

Humbling Experience. Multiple participants expressed gratitude for their time coping with injury because it was a humbling experience. As high-level athletes who have not endured injury, they can develop a sense of invincibility. Participant 7 recalled, “My identity shifted a lot through the injury. Before college, I was pretty cocky when it came to [sport].” Injury served as a mechanism to train “smarter” and take care of one’s body through college athletics. Participant 1 explained:

I viewed myself pretty highly coming [into college]. I don’t want to sound cocky, but I was a top recruit . . . I always viewed myself as the next big thing . . . I think the injury was a reality check.

He went on to explain, “The injury was definitely humbling, and so I’m grateful it happened. Before that I was too prideful.” Therefore, exploring identity took power away from the all-consuming nature of sport. That realization enabled participants to develop self-worth outside of their respective sport. For instance, Participant 5 said, “It opened up a lot of opportunities for me

and taught me a lot about myself and my resilience.” Moreover, Participant 6 expressed, “I like to think it was a character-building time of my life. Being able to vocalize [my needs] helped.”

Taking on New Roles on the Team

Participant 1 discovered there were other roles on the team he could fill: “I was able to see that I could still have a positive impact on the team by cheering, supporting one another, and giving advice to teammates. Of course, it’s a change [in roles], but we all adjust to change.”

Many participants discussed their roles in the team system shifted during injury. Although there was a common theme that they initially felt excluded, they redirected their energy into filling different roles on the team. Different roles included cheering on teammates, providing physical and vocal support (i.e., high fives), and assisting the coach in managerial roles. Participant 1 stated the coach helped him “find other ways to contribute other than [sport], whether it was cheering or coaching, or being there for my teammates, just something to help me feel I was still contributing.” He explained the shift in roles had lasting impacts that ultimately made him become “more of a team player.” Moreover, Participant 10 explained, “I had to shift my perspective in two: I’m still a member of this team and what can I do to help this team differently since I can’t physically [contribute] . . . I feel my mental health got better soon after.”

In some instances, the shift in roles improved relationships with the team and coaches. Participant 2 said, “I would go out and sit on the bench, ‘dap’ people up, and talk to whomever I could during the practices. If there was something I could do, the coach would invite me out there to do it.” Further, Participant 12 explained:

I sat on the bench with the coaches, every practice . . . I had a really enjoyable time. He would tell me what to write up on the board, I’d write it up there for everyone else and we’d chat. So, I really got to know him, and he got to know me.

In contrast to a positive experience with a shift in roles, Participant 7 stated, “[Coaches] pushed me over to the side and saying, ‘Oh, here’s busywork, we don’t really care, and we’re going to act like we care.’” Generally, participants suggested college teams should engage in a dialogue about what roles people can play on the team, whether or not they can physically compete. Conversations can ultimately improve motivation, self-esteem, and team dynamics.

Other participants explained their leadership skills improved while injured. The improvement was due to the fact contributions to the team were not physical for a period of time. Participant 10 described the concept of leadership looked different than it had previously: “I wanted to set a standard coming back as a healthy individual and [display] what I wanted to stand for. I learned how I wanted to lead the team.” Other participants were team captains at the time of injury. They expressed they had to change the way they led the team from a physical example to a mental one that includes encouragement, perseverance, and healing. Participant 10 expanded on her experience by summarizing:

I look back on [my time injured] and am thankful for the life lessons. [It] is hard telling someone that injury can be positive. But, looking back on it, I can say that my injury actually taught me a lot about resilience and gave me strength to go after my goals.

Coping Resources Outside of the Team

Each participant was asked about the resources they used while coping with injury. Many of them mentioned physical therapists, family, and friends. Some indicated they sought some form of mental health counseling. Additionally, professors and campus resources (e.g., office of disabilities) were helpful. All of these resources play an active role in the well-being of the injured student-athlete. Many enjoyed exploring other relationships and seeking external support systems. Academics and relationships with peers strengthened for some. Since participants were

not constrained to the same travel and practice schedule as they normally would be, they had more flexibility to work with others on group projects and assignments. They also tended to enjoy socializing with people unrelated to their sport.

Furthermore, every single participant noted they used the athletic training room. Although support from athletics trainers was not an explicit question on the interview protocol, athletic trainers played an important role throughout the whole process of a season ending injury. They spent a considerable amount of time with the injured athlete and served as a liaison between the coach and athlete.

Athletic Trainers as Mental Health First Responders Post Injury

Much of an athlete's time is in the athletic department, so naturally many of the resources they used were conveniently located in the athletic department. Therefore, athletic trainers played an active role helping student-athletes recover from a season-ending injury. In many cases, they are the first to respond to an injury. Injured athletes are directed to further care if needed such as emergency rooms, surgeons, and physical therapists. They create rehabilitation protocols and indicate when the athlete is ready to return to sport. Since a large part of time is spent in the training room while coping with a season-ending injury, the relationship between athletic trainers and student-athletes is crucial. Although there are many similarities between injured athletes, based on a constructivist framework, they each have unique experiences that result in meaning making.

Athletic trainers tend to play many roles in addition to physical rehabilitation. They can serve as a mediator between coach and athlete when discussing the amount of time out of sport. Participant 14 indicated, "My athletic trainer was amazing and a complete God-send. She supported me through everything, reassured me, and told me I'll get better when I get better."

Others discussed how lonely rehabilitation becomes and trainers kept them company. For instance, Participant 13 said, “[My athletic trainer] helped me a lot because she would just hang out with me when I was doing all the rehab because it can get really lonely.”

Athletic trainers also provide a considerable amount of emotional support for student-athletes in some ways serving as pseudo-counselors. Participant 1 stated, “[My trainer] was like a therapist for me . . . I talked to her, and we got really close.” They had preexisting relationships with the athletes before injury occurs, so they tended to be aware if their demeanor or mental health shifted. Participant 11 recalled:

There are going to be days when athletes walk in [the training room], and it’s just a bad day. . . . Once I said to my trainer, “I don’t want to be here,” and I was being kind of nasty about it. She [replied], “Okay, if you’re not feeling it, go home and breathe.” . . . That was probably the response I needed the most.

Many participants, including Participants 1, 6, 7, 13, and 14 indicated friendships arose between them and the athletic trainers and still considered them friends after their retirement from sport. Patience, understanding, and reassurance were key factors in a positive relationship with the athletic trainers. They provided hope through words of encouragement and a timeline for healing. Participant 9 explained, “I think the biggest thing that stood out to me [were] the trainers and everyone rushing to my side [saying], ‘This is what you’re going to do to get better.’” Moreover, Participant 10 summarized her experience, “The most helpful [resource] was honestly the trainers. . . . They gave me reassurance that I really trusted.” Even when athletes “did not see eye to eye with the athletic trainer” they still tended to “lean on them” for support.

Athletic trainers had the ability to have a large impact on student-athletes’ experiences coping with a season-ending injury. Participant 11 recalled, “If the trainers were different, my

experience would be drastically altered [for the worse].” Additionally, Participant 4 endured two season-ending injuries throughout her career. She had two different sets of athletic trainers for each injury. She explained:

I had a good [experience with the] athletic trainer during my [first season-ending injury].

She was really good at saying, “This is what you’re allowed to do, and this isn’t what you’re allowed to do.” . . . I felt the trainers were really qualified . . . [I] trusted them . . .

[I] felt they had [my] best interest in mind.

She recalled the experience was different with her second injury, which ultimately became a career-ending injury. She did not feel the trainers provided adequate support and guidance. She explained, “[The trainers] were very unhelpful to me . . . and I didn’t feel they were very helpful in preventing future injuries.”

Participant 13 recalled the potential complications that arise with strong connections between athletes and athletic trainers. She stated that when she spoke up about specific rehabilitation exercises being potentially dangerous, “they would report back to the coaches that [she] wasn’t doing [rehabilitation], and [she] didn’t care about playing.” Other challenges that arose with trainers are misdiagnoses that led to mistrust. Ultimately this led to the feeling that the athletes could not ask for help and felt they had to do what they said to stay out of trouble whether or not the athlete thought it best.

Support Outside Athletics Enhanced the Coping Experience

Many participants made it a point to seek resources outside of the athletic department. This enabled them to take a “break” from the athletic environment. Participant 3 stressed how they needed a connection outside of sport: “Having a connection between an outside source and the athletic department would be really helpful.” Some participants explained they felt more

comfortable discussing mental health concerns with professionals disconnected from the athletic department. They worried using a sports psychologist would continue to emphasize the importance of sport and performance. For example, Participant 6 wanted to explore her identity outside of sport: “I honestly needed a stranger with some type of counseling training just so I could have a safe space to unload everything I was feeling.” An escape from sport was beneficial when coping with a season-ending injury. Participant 13 explained:

If it’s only sport, sport, sport, it can get very abusive and drilling. . . . Then you’re in the mindset of [sport] only. [It’s nice] to get those moments where you’re like, “Thank God. These people know nothing about [sport]. Thank God, I don’t want to talk about it.”

As well as mental health services, some participants chose to do physical therapy off campus as well. For athletes who needed more attention than the training room could provide, or if they wanted to do rehabilitation off campus, many had the option through athletic insurance. Participant 12 explained, “I didn’t actually go through the school [for rehabilitation]. I saw the [athletic] trainers to begin with because they were immediately available, but I already worked with a physical therapist back home.” Additionally, Participant 13 said, “I went to physical therapy down the street. It was nice because it got me out of [the athletic department]. That was actually fun.” The experience going off campus was described as “phenomenal.” This particular participant explained, “He helped me keep my sanity through the whole process.” Due to preexisting relationships with physical therapists in the community and the assurance of confidentiality made off campus rehabilitation a beneficial resource for some athletes coping with injury.

Professors. Members of the athletic department (e.g., coaches, trainers, teammates) have a lot of interactions with injured student-athletes, and professors have a considerable amount of

time with them as well. Participant 9 explained professors became an unexpected source of support: “I had a lot of support from the academic side. I would randomly have professors checking in on me more than coaches.” Professors see the athletes multiple times a week each semester and, depending on the size of the course, can get to know them well. Participant 13 explained the professors’ inquisitive perception of the students’ well-being: “They always noticed when I was not okay. If I came to class clearly upset, they were pretty awesome by letting me leave early and sending me the ‘to do’ of the day.” Participants even had faculty members who went to the athletic department to advocate for their needs. Participant 13 continued, “I had a few [professors] who went to the athletic director and said, ‘This is not okay: I see [athletes] losing it in class and under so much pressure.’” Other professors recommended injured athletes use their school’s disability services. Participant 14 described, “I don’t know what they did. It was like magic. I’m very thankful. They waived tests and [gave accommodations], which was awesome.” Participant 9 advised there be a liaison between the faculty and athletic departments to improve relationships between faculty members and athletes. She said, “If you interweave the two, I think you’d be happy with the results.”

Socialization With Non-Athletes. Many participants explained their relationships outside of athletics improved while coping with their respective season ending injuries. Participant 3 described, “I think the most helpful things [during injury] were my social networks of people that weren’t on the team. . . . Building friendships and new relationships felt like a mission to take on that wasn’t related to sports.” Inherent to being an athlete, student-athletes are surrounded by their teammates. Many times, this reality leads to fewer social interactions with non-athletes. When an injured student-athlete is not around their team as much, it enables relationships off the team to potentially grow. Participant 10 recognized she needed other

supports: “Sometimes I needed another outlet to step back . . . I just needed to talk to someone not on the team.” She explained she wanted to “balance” her time between athletes and non-athletes: “It was nice they did not know about the sport. These people would offer clarity and give different opinions than someone on the team.” She further expressed, “If you are constantly surrounded by the team, unfortunately, it can be easy to get jealous of [those] without a physical limitation.” Sources of nonathletic support include fraternity brothers and sorority sisters, classmates, freshman hall dorm mates, non-athletic clubs, and alumni from the athletic team. Participants 3, 7, and 10 explained people from these groups “ended up being really fulfilling relationships.”

With more flexibility in one’s schedule without travelling to games, Participant 11 expressed his social life improved when he was injured. He met for group projects at times he would usually have to be at practice. He mentioned spending time with new friends “was really helpful to take myself out of my head.” Sport became a stressor because it was a constant reminder of what they were missing out on. Therefore, various relationships progressed. Participant 7 explained, “I got really close to people outside of [my sport] just because those are the people I wanted to be around.” This indicates social life outside of athletics can counteract some of the increased isolation from teammates.

Family. Families tended to be frequently used sources of support for injured student-athletes. Many participants mentioned their families came to their college to help out when they were injured, communicated frequently, and served as an outlet for the athlete to voice frustrations. Participant 11 expressed his mother provided support and relief: “I always love to see [my mom]. I [felt] like I had someone who I didn’t feel like I was bothering because I knew she really wanted to help me.” For many, college was the first time away from home for a

considerable amount of time. Although parents were a resource regularly used, this was also the first time the athlete lived away from their parents when enduring such a hardship. Participant 5 explained difficulties can arise from relying on family: “It’s hard for your family to see you hurting. It’s hard for them to see you struggling.” Due to the toll it takes on parents with their child in pain, it made some conversations between athletes and their parents difficult. Participant 3 explained this was a repeated pattern of communication throughout her career: “There’s just a disconnect I’ve always had with my family over sport.”

Participants 4 and 5 described their parents were so worried about them to the point participants felt uncomfortable discussing injury. Participant 5 stated:

I felt like I was fighting the opposite battle with them [than with coaches and teammates]. I was trying to argue I should still be doing the sport. I want to do more. This is where I want to be.

Participant 5 explained her parents were “nervous and fearful” for her due to injury. She began to decrease communication with her parents: “It made me hide a little bit of what I was going through.” It seems the more injuries participants endured, the more difficult it was to discuss with parents. Participant 4 explained the emotional toll recurring injuries takes on parents: “[My parents] were there for me and wanted to get back out there. But when I re-hurt myself, I couldn’t really tell them. [My dad] thought I should have been done [with sport after the first season-ending injury].” She expressed her parents were still supportive: “I was not able to talk about injuries but still able to talk about sport.”

Participant 5 continued, “When I told [my parents] how serious my injuries were, it was not a fun conversation.” Participants 4 and 5 explained the stress their parents endured when they were injured. Their parents were more concerned about the physical pain their children were in

and risk of future injuries. In particular Participant 5 stated, “It’s hard for them to see what you are going through.” This made it difficult for parents to fully meet the needs of the injured athletes. Participant 12 recalled the disconnect: “My mom is awesome... She was trying to fix it all for me, which was amazing, but not what I needed.”

Several participants explained feelings of frustration and guilt accompanied the experience coping with a season-ending injury as it relates to parents. This was especially apparent with parents who lived far away from their injured child. It created a feeling of helplessness on both sides of the relationship. As explained by Participant 11, “Nobody knows you like your mom, and she just wants to see you succeed so badly that when you don’t succeed, she’s upset and gets frustrated as well.” Further, Participant 12 mentioned, “[I didn’t] really know who I could turn to especially with my family across the country . . . I didn’t want to put anything else on their plate.” Participant 6 even expressed she felt she was “wasting her parents’ time” when they would come to watch her play. She was frustrated about being injured and did not want to inconvenience her parents. Again, this seemed to be complicated by the fact they lived far away from her.

Other reactions from family included support and understanding from siblings who were athletes as well. Though parents had a hard time relating to sport, siblings provided a level of empathy. Participant 12 recalled, “Both my siblings [were athletes] and were able to rally [behind me] saying, ‘You can get through this. It’s not the end of the world.’” She reflected the support was mutual between siblings. Participant 12 would go to her brother’s games in college while she was injured to support him even when she was not playing.

Additional support from siblings included generativity. Participant 2 recalled advice from his older brother who was an athlete: “My brother is a lot older, so he already has a family with

kids. He [said], ‘have fallbacks [outside of my sport].’ Identity shouldn’t just be wrapped up in sport. That helped a lot.”

Impact of the COVID-19 Pandemic

When I began the present research, there was no indication of an upcoming worldwide pandemic. I did not know what the future had in store for the year 2020. It has been devastating for those impacted by COVID-19. There were no indications sports would be cancelled mid-season and the nation would go into a state of quarantine. Six of the 14 participants in the present study were current student-athletes during the 2019-2020 competitive season. By the time I was conducting interviews, schools had moved online, in-person graduations were cancelled, and athletic seasons and even programs were indefinitely cancelled. In fact, once fall 2020 football seasons were postponed, there was an extreme loss of revenue in many athletic departments. Certain sports got cut from schools due to a lack of funding, and suddenly student-athletes had their sport taken away from them.

Parallels of the Pandemic to a Season-Ending Injury

Participants expressed a postponed season had many similarities to a season-ending injury. There is uncertainty about a return date, training to maintain athletic ability is hindered, and social interactions decreased. Furthermore, these athletes were forced to examine who they were outside of athletics and what their identity was during these uncertain times. In extreme cases, athletes were exposed to the virus and had a road of physical recovery while isolated. Even though it was not included in the research protocol, COVID-19 emerged as a theme due to its large impact on participants.

Participant 11 described the impact the pandemic had on student-athletes was “a roller coaster.” Participants expressed apprehension about what school and athletics were going to be

like. They even related the uncertainty to their experience coping with injury. Participant 2 expressed:

It's almost like [my season-ending injury] is happening again my senior year. Just [schools] shutting down, not [being] able to play. It's weird too because there [are] just no sports, period. I think as [sport] players, we thrive on routines and knowing what's going to happen. We don't know when we're starting up. We keep on hearing [things] about when we're possibly going to start up, then it changes. It's a lot of stop and go.

Unlike a season-ending injury, the athletes felt no control over the return to sport.

Although the idea of lost control arose during the interviews when it came to injuries, in many cases there was still physical rehabilitation along the way and an idea of when they would return to sport. The experience of COVID was congruent with the experience of a brain injury from a participant. She explained, "There was an understanding of, 'All right, well, this is a new [normal].' Kind of like the pandemic going on. . . . This is the new normal." She explained her brain injury was "much more substantial" than she, the doctors, and her coaches realized. Therefore, there were plans to return to sport that continually got delayed. She expressed, "all of us did not anticipate me being out for as long as I was. It was trying to get back, but also trying to be safe which was challenging because no one could really tell." This concept was similar to the impact of COVID-19. Schools and athletic departments created plans to resume activities but due to safety concerns and unforeseen complications, those plans continued to be postponed.

For participants who were in their senior year when the pandemic hit, not only was the season over but also their whole career ended abruptly. Participant 9 explained, "It was like, 'Oh my gosh, I knew [my sport] was going to end. I knew my sport was going to end, but I never knew how much it structured my life.'" She explained she was forced into an early retirement.

Those who were not seniors, such as Participant 11 expressed they “just felt so bad for our seniors and seniors everywhere.” He continued, “I think [COVID] made my [injury] seem less significant because I knew that that was it for [the seniors].”

Participant 11 endured a unique experience as he missed the first half of his season while rehabilitating from a surgery that qualified him for a medical redshirt. He recovered before the season was over and was going to be playing in games after spring break at his college. He explained the experience:

I [recovered the week before COVID shut down universities]. We were supposed to have [a home game the following week]. And the event [got] canceled, school [was] put online, and then [the national championships] was canceled. I just watched it snowball.

The option to go to [the national championships] vanished.

Even though his season was cancelled, he reported he continued to train over the summer for the season ahead; however, he remained anxious. He said, “I’m training every day, and I’m just thinking, ‘Am I going to get that email? Is this going to be the last time I train?’” He reported that makes him cherish his time at practice more.

Conclusion

The purpose of this research study was to investigate the lived experiences of NCAA division I student-athletes coping with a season-ending injury. In this chapter, results from the 14 interviews were presented through five major themes: Team Culture, Emotional Response to Injury, Impact on Identity Development, Coping Resources Outside of the Team, and Impact of the COVID-19 Pandemic. Team Culture consisted of messages from coaches, teammates, and social life. Coaches’ attitudes foster attitudes toward injury, teammates enact these messages into

behaviors, and their social life is ultimately affected. Moreover, participants expressed the desire to keep a positive relationship with their coaches and teammates.

Participants experienced feelings of guilt, loss, and sadness while injured. They felt conditioned to internalize blame for injuries, missed the sport, and felt like their outlet for emotional coping was taken away. Participants with athletic scholarship money tended to feel more stressed and guilty while injured.

Most participants had access to counseling services; however, barriers including confidentiality and location of counseling centers were prevalent. Mental health was impacted by the effect injury had on their identity. From a young age, participants were conditioned to schematize their value as a person to their athletic ability. Further, the process of recovery served as a platform to make meaning and learn new roles on the team. Participants found comfort in athletic trainers and support from people outside the athletic department. This finding is due to the fact that they could develop their identity outside of athletics.

Lastly, parallels between the COVID-19 pandemic and a season-ending injury were explained. This chapter provided a description of participants and results, and highlighted quotes that summarize themes and subthemes. The next chapter includes a discussion of the results, limitations, and implications for counselor education and athletic departments. Finally, the chapter concludes with a discussion of future research.

CHAPTER 5 – DISCUSSION

In this study, I investigated the lived experiences of Division I student-athletes coping with a season-ending injury. This chapter provides a summary of results and situates these results in the existing literature. Furthermore, this chapter contains limitations of the study and future directions for similar research. Finally, the chapter concludes with implications for counselors, counselor educators, student affairs, and athletic departments.

Overview

The purpose of this study was to explore the lived experiences of Division I student-athletes coping with a season-ending injury as it relates to identity development, mental health responses, resources used for coping, and the impact perfectionism had on the athletes' well-being during injury. Although the research protocol did not include the impact of the COVID-19 pandemic, it became evident through the interviews that the pandemic was impactful. Five major themes and 13 subthemes emerged from the analysis of interviews.

Collegiate student-athletes are emerging adults who experience malleable identity formation (Arnett, 2000). By the time an athlete goes to college, they have spent a lot of time training in their sport. College athletics was demanding for study participants, as the normative time commitments in college included the addition of athletic activities. Participants planned their day around sport, attributed value and self-esteem to their athletic performance, and socially surrounded themselves with teammates. Findings support literature indicating the more time an athlete spent in sport, the more they identified with the athletic role (Lally & Kerr, 2005).

Athletes tend to experience dissatisfaction in sport when they exclusively identify as an athlete (Burns et al., 2011). Findings from this study aligned with the literature in that the more an athlete identified as only an athlete, to the detriment of other identity formation (e.g., student,

professional, family member), the harder experience they had when adapting to changes in sport. When a season-ending injury occurred, college student-athletes suddenly spent less time filling the typical athletic roles. In this study, they rehabilitated their injuries during practice, missed out on traveling to games and playing, and were forced to discover other aspects of their identity. Supporting established literature (Yang et al., 2007), the participants in this study indicated the period of discovery was defined by marked distress.

Discussion of Themes

Team Culture

Consistent with research, the environment of participants' teams was cultivated by the coaches and team members (Schroder, 2010). Participants indicated team culture impacted the experience of an athlete coping with a season-ending injury. Coping was made more complex as emotional responses to injury, and being out of sport, impacted the mental health of student-athletes. Furthermore, the student-athletes in this study had different preferences as to which resources they wanted to use, as indicated by Putikan (2016).

It was apparent through the interviews that the reaction of one's coach to the season-ending injury impacted the participants' experiences. Consistent with Clement et al. (2015), participants who received support and understanding from their coaches generally had positive experiences coping with injury, developed a sense of self beyond athletics, and reflected on injury as a meaning-making journey. When the coach responded negatively to the injury, participants reported distress from an "implied pressure" to not be injured and keep training despite pain. Adding to results from Crossman (1997), negative reactions from coaches often stemmed from an unawareness of injured student-athletes' psychological needs. When reflecting on their experience with injury, participants who reported adverse responses from their coaches

generally indicated a negative experience coping with a season-ending injury. Therefore, this study emphasized that coaches' psychosocial response to injury positively or negatively impacted the rehabilitation process for the student-athlete (Clement et al., 2015).

Coaches Foster Attitudes Toward Injury

In this study, coaches' responses influenced the experience of student-athletes coping with a season-ending injury. This result aligns with the literature indicating coaches affect athletes, team dynamics, and the program culture in college sports (Shipherd et al., 2019). Therefore, coaches placed expectations on how their athletes communicated, behaved, and coped during injury. For the athletes in the study who received support and understanding from their coaches, they developed greater trust and stronger relationships with their coaches. This eased their distress while out of sport and increased their overall wellness (Judge et al., 2012).

Some coaches took the time to get to know their injured athletes on a personal level, outside of sport. The demonstration of attentiveness enabled the athletes to feel cared for. The extra support indicated to the athletes that they had more to offer the team than mere physical abilities. Ultimately, support and understanding helped the injured athletes recover from injury and positively impacted the individual and team throughout injury and recovery. Such impacts stemmed from coaches' support for the development of leadership skills and improved insight on personal values and identity formation.

Consistent with research, coaches who regularly acknowledged the injured athletes made them feel more accepted and less of a failure (Judge et al., 2012). These coaches normalized the fact injuries happen but still recognized mental health can be impacted as much as physical health. Some coaches stepped into a parental role, getting food for them, stopping by their homes

to help, and discussing the impact of injury on mental health. They also encouraged seeking counseling services.

Injured athletes are not physically able to contribute to the team's athletic success. Results from the present study indicated supportive and understanding coaches included finding other roles on the team for the athlete to fill. Such roles included managerial type positions, in which they would take care of paperwork and write assignments on the board. Furthermore, they placed importance on the role of cheerleading and non-athletic based leadership.

Injured athletes reported an improved coping process when their coaches reduced pressure and reassured one's position on the team was not in jeopardy (Bianco, 2001). The more coaches addressed the stressors of an injured student-athlete, the more support they were able to provide (Podlog & Dionigi, 2010). Ultimately, a coach's emphasis on the individual beyond athletics reduced the anxiety over potential repercussions of injury. For those with support and understanding from coaches, participants recalled a generally positive experience coping with injury. However, athletes who had negative interactions with coaches during injury described an "implied pressure" that added complications while coping.

Results from Udry et al.'s (1997) study indicated coaches become dismissive and distant from injured athletes. There is a lot of pressure and expectations on student-athletes at the Division I level (Anderson et al., 2012). In some cases, scholarships depended on athletic success, roles on teams were influenced by the relationship with coaches, and there was an emphasis on being physically fit. A longitudinal study demonstrated pressure on athletes (specifically women) led to increased risk of extreme responses, which included developing eating disorders (Anderson et al., 2012). In the present study, negative responses from coaches included ignoring, condemning, and threatening to take away scholarships of the injured student-

athletes. Participants indicated their stress and anxiety increased, they questioned their roles on the team, and engaged in maladaptive coping mechanisms such as self-isolating. Further, some participants reported they were ignored and treated like they no longer played a role on the team.

Participants described long term emotional impacts a season-ending injury had on them. Coaches' response to season-ending injuries reiterated the participants' worth were linked to physical ability, which inhibited them to explore other dimensions of identity (Kissinger et al., 2011). Participants in this study felt as though they were of no use to the team through the messages they received from the coaches. In some cases, athletes recalled they refrained from acknowledging pain and injury due to fear of their coaches' reaction to one being injured. This seemed to enable more injuries from overtraining. This is congruent with research that student-athletes' reported preoccupation with the perceptions of others (e.g., coaches) and a subsequent tendency to deny physical and emotional pain (Lopez & Levy, 2013). The "no pain, no gain" mentality affected overtraining and resulted in overuse injuries. Coaches' perceptions and expectations led to chronic stress, burnout, and overuse injuries (Difiori et al., 2014).

Desire for Relationship Continuity

Student-athletes indicated coaches have the ability to implement protocols that support them while injured (Staff et al., 2017). First, participants suggested coaches examine their own biases and perceptions of injuries. Participants in this study explained they wanted to be viewed as young adults who needed support and understanding, instead of being viewed as machines. Self-reflection gives coaches the ability to empathize with the injured student-athlete, understand specific stressors, and provide appropriate resources and interventions. Such interventions include individual meetings with athletes about mental health, explanation and encouragement of non-physically based roles on the team, and promotion of confidential counseling sessions with a

trained professional. Podlog and Dionigi (2010) recommended coaches express an understanding of the stressors to their injured athletes to provide relief and encouragement. This can ultimately lead to a positive coping experience for the athletes.

Teammates Enact Team Culture

Similar to coaches, teammates contribute to the experience coping with a season-ending injury (Marx et al., 2008). Even though coaches impact team culture, teammates' behaviors enact the culture with their actions and interactions (Weise-Bjornstal, 2010). Athletes in the present study indicated they spent much of their time around teammates before, during, and after injury.

Participants generally indicated their teammates helped their experience coping with injury. Teammates had the potential to provide empathy due to understanding the complexity of emotions that occur with season-ending injuries. Participants in this study explained teammates reached out to them through the phone, messages, and checked in on them in person. They generally wanted injured student-athletes to be involved as much as they could in team activities. Furthermore, some teammates even promoted counseling services during recovery.

Weiss (2003) indicated individual development during physical rehabilitation must be studied in specific age groups. In this case, college athletes served as the sole study population. This study was unique in that notable support from teammates was provided through celebration of recovery milestones. As time progressed and injuries began to heal, injured student-athletes were able to start introducing sport back into their lives. It was a step-by-step process that ensured the body was ready to endure the physical impact from sports. Participants indicated each time they were cleared to do more in practice, or cleared to compete again, some of the most impactful memories were the reactions from teammates. When teammates expressed excitement at each step in the recovery process, participants felt as though they were genuinely

cared for. This reaction facilitated team unity and provided hope for the injured student-athlete. Congruent with literature, one's hope to achieve goals was positively associated with wellness when coping with an athletic injury (Nicholls et al., 2016).

Social Life Negatively Affected

Although social systems are essential when coping with injury, research has indicated a high incidence of athletic injuries is related to low social support (Yadava & Awasthi, 2016). There is an emotional and social adjustment for athletes out of sport (Grove et al., 1997), therefore the injured student athletes must develop coping strategies (Bejar & Butryn, 2016). Adaptive coping strategies included seeking social support and trying to keep things as normal as possible (Udry et al., 1997). Furthermore, in this study, maladaptive coping strategies included isolation. Therefore, when a season-ending injury occurred, social support was helpful, yet the number of interactions with support systems (e.g., teammates) decreased (Staff et al., 2017).

Consistent with Bianco's (2001) study on injured elite skiers, the athletes in this study desired listening support and emotional comfort from their social groups. Results of the present study support the research. Many participants indicated their social life was comprised of their teammates. They practiced together, attended social events together, travelled together, and many even lived together. Therefore, much of their identity was shaped by their relationships with other teammates. When injury occurred, the athletes spent more time away from the team. They did rehabilitation during practice time, stayed at home during games, and were unable to attend social functions due to physical limitations. In general, the athletes felt as though relationships lessened for a period of time while injured.

In the present study, the stigma of injury impacted the relationships between teammates. Some athletes felt as though they could not express distress to their friends on the team because

they felt guilty for not physically contributing to the team. Others felt they were not valued as a friend when they were not healthy. In some cases, there seemed to be a divide on the team between healthy and injured individuals. The injured felt as though teammates did not understand the emotional and physical toll injury took on them and felt judged by their non-injured counterparts.

Razavi et al.'s (2017) results indicated athletes ruminate about how they are not contributing to the team while injured. Participants felt they could not have any focus put on them during practice. They seemed to experience their role as less important than physically healthy athletes. Researchers demonstrated an injury might result in a social isolation schema when athletes felt they were on the “outside looking in” (Gallagher & Gardner, 2007, p. 60).

Common sources of support for participants were other injured student-athletes. They displayed an authentic form of empathy and seemed to understand the experience to a greater degree than other teammates. Consistent with Johnston and Carroll (1998) injured athletes tended to engage with others who endured a similar injury. Sometimes, teammates served as these sources of support; at other times, participants sought out alumni and athletes from other teams. This provided a community of individuals who accepted and understood the complex emotional impact injuries have on student-athletes. Participants in the present study indicated an increase in motivation after talking to others who experienced similar injuries. However, at times they worried if coaches and teammates were comparing them to those individuals with similar injuries.

Emotional Response to Injury

Putukian (2016) conducted a narrative review of mental health responses to injury for student-athletes. Problematic responses to injury included depression, disengagement, and

development of disordered eating. Results from the present study were similar with Putukian's findings. For most participants, decreased mood was the initial emotional responses. Others expressed urges to self-isolate and alter eating patterns. As time continued, participants indicated improved mental health responses when sport was reintroduced. However, after each milestone in recovery progress, there tended to be a plateau where recovery was steady. Plateaus were accompanied by frustration and anxiety. Therefore, emotional responses played an instrumental role in coping with a season-ending injury. Even though athletes experienced increased emotional distress during injury, they were still less likely to seek out counseling than their non-athletic counterparts (Gulliver et al., 2012).

Grief, Loss, and Sadness

Established research demonstrated a high percentage of injured student-athletes experience at least mild, or subclinical, levels of depression (Brewer et al., 1995; Leddy et al., 1994). In fact, athletes who endured injury had more than 1.5 greater odds of becoming depressed than their physically healthy counterparts (Yang et al., 2007). Typical emotional responses included an initial denial and shock followed by depression, anxiety, isolation, and anger, ultimately leading to a feeling of numbness (Yadava & Awasthi, 2016). Participants in the present study reported similar experiences. Events such as assessments of the injury, appointments with medical providers, possible surgery, and the development of a rehabilitation plan occurred immediately after injury. Similar to feelings of grief, the initial stages after the onset of injury inhibited the participants' ability to fully process the monumental event. The participants were overwhelmed by the number of appointments and examinations that occurred. Therefore, strong emotional states were followed by a state of detachment for some time.

Fear, Guilt, and Perfectionism

Since the experience of injury was deemed to have a holistic impact on the wellness of the participants, it is essential to examine the other aspects of recovery that are especially challenging for student-athletes coping with a season-ending injury. Specifically, scholarship obligations and perfectionism play roles in the coping process. Perfectionism can either enhance or impair the wellness of an injured student-athlete. Further, progress followed by plateaus in recover added stress and frustration during rehabilitation.

Guilt Associated With Scholarship Obligations. Participants in the present study expressed fear of losing their spot on the team or their scholarship. Research has indicated student-athletes feel pressure to fit expected leadership roles and maintain financial scholarships (Fletcher et al., 2003). Participants in this study added to this research finding. When an injury occurred, the student-athletes expressed a need to prove they still belonged on the team. When coping with injury, and not physically able to contribute to the team, some participants felt helpless. Although they were told they could not lose their scholarship from a season-ending injury, many believed their athletic department would find a way to revoke the money. Furthermore, they internalized these fears and believed they did not deserve their scholarships. To combat this distress, athletes advised members of the athletic department to focus on the emotional and mental health needs instead of only emphasizing physical ability.

Impact of Perfectionism. Participants in the present study indicated perfectionism impacted their experience coping with injury. Injury was generally complicated by perfectionism; however, participants explained their relationship with perfectionism grew healthier through their experience with injury. In past research, perfectionism was examined from two dimensions—perfectionist strivings and perfectionist concerns (Stoeber & Otto, 2006).

Perfectionist strivings included high personal standards and goal setting. Consistent with research, perfectionism provided various positive attributes at times (i.e., learning enhancement and goal achievement; Gould et al., 2002; Stoeber et al., 2008; Stoll et al., 2008). In fact, throughout the course of participants' athletic careers, perfectionism was encouraged. In this study, participants explained the competitive academic and athletic nature in college led to increased perfectionism. A participant discussed she was very organized and responsible because of her perfectionist qualities. She attributed her success in school and sport to perfectionism.

Although past studies, such as Madigan et al. (2018), explored how perfectionist qualities predict injuries, this study is unique in the sense that perfectionism during the recovery process was examined. A participant reported he redirected the perfectionism he normally attributed to sport into recovery. He expressed this attention to detail during rehabilitation and recovery enabled him to return to sport faster than initially projected. In these instances, perfectionism was viewed as a positive attribute—one that enhanced the recovery process and improved mental health while coping with a season-ending injury.

However, research shows perfectionism has negative consequences on athletes since irrational importance is placed on obtaining very high standards (Flett & Hewitt, 2006). According to Stoeber and Otto (2006), the negative consequences are referred to as perfectionist concerns. These are characterized by the fear of making mistakes and maladaptive coping. Furthermore, maladaptive coping leads to athlete burnout. In a 3-month longitudinal study, perfectionism was deemed a risk for athlete burnout in junior athletes (Madigan et al., 2015). Burnout led the athletes to experience emotional exhaustion; thus, stress increased during the recovery process (Chen et al., 2009).

For some athletes in this study, perfectionism held them back in recovering from injury. They developed a fear of returning to sport at a lower athletic level than before injury. This fear of failure is noted in perfectionism literature and stems from avoiding the experiences of shame and embarrassment (Sagar & Stoeber, 2009). Participants worried about what their coaches and teammates would think of them as athletes. They were accustomed to placing their value on athletic ability. Therefore, participants worried their spot on the team would be taken away when returning to sport at a lower performance level.

An additional focus on low levels of perfectionism was a unique aspect to this study. Perfectionism did not serve as an added stressor to coping with injury for some participants. In fact, they indicated they experienced a quicker acceptance of injury because they did not identify as perfectionists. However, frustrations occurred when recovery plateaued and progress was not made. This had less to do with perfectionism and more to do with internal and external pressures to return to sport. Therefore, results indicated perfectionism played a role in coping with a season-ending injury whether or not the participant identified as a perfectionist.

Aids and Barriers to Mental Health Counseling

Lopez and Levy (2013) indicated barriers for athletes to seek mental health services included lack of time, social stigma, and fear of teammates' perceptions of seeking help. The present study was congruent with this phenomenon. Athletes spent a large part of their time in the athletic department, which was not a stress-relieving environment when they were injured. They were constantly reminded of missing out on sport. Some even experienced the "implied pressure" described previously. Reasons such as these made it difficult to stay in the athletic department (e.g., arena, gym, training room) more than necessary. They spent so much time doing physical rehabilitation and watching others practice that they just wanted to leave the

arena. Sports psychologists were generally located within the athletic department. Therefore, participants avoided this office to limit their time in the department, which already consumed much of their days.

Other barriers included the stigma of seeking mental health services. Participants indicated it was visible when they walked into the sports psychology office. Coaches walked the halls, and things did not always feel they would stay confidential. This finding was congruent with the idea there is a negative perception on help-seeking behavior (Putukian, 2016), leading to a negative stigma of mental health services within athletics.

The present study expanded on Lopez and Levy's (2013) findings. Athletes in this study indicated a reluctance to seek mental health counseling outside of the athletic department. Participants expressed frustration with counselors who had no educational background in athletics and their lack of understanding of the role athletics plays in identity formation. For example, suggestions from the counselors included quitting sport since it was a source of stress. These comments made the athletes feel as though the counselor did not understand the magnitude of sport in their lives. Consistent with research, athletes felt counselors outside of the athletic department may not understand the specific stressors, concerns, and pressures faced by student-athletes (Greenspan & Andersen, 1995).

Trust with a counselor was developed when the counselor recognized the issues that arose with managing a student-athlete role (Watson & Kissinger, 2007). Results from this study indicated a prominent issue was that their sense of purpose fluctuated. Athletes' senses of purpose stemmed from an identification as an athlete; therefore, an over-identification became problematic when injury occurred (Watson & Kissinger, 2007). Watson and Kissinger (2007) recommended counselors who work with injured student-athletes use a wellness approach to

empathize with the stressors that arose with their athlete role. Such approaches included meetings with college freshman athletes to guide them to support and opportunities outside of the athletic department. Shurts and Shoffner (2004) added counseling interventions focused on skills, values, and beliefs held by student-athletes could broaden injured athletes' life perspectives.

Consistent with literature (Barnard, 2016), a male participant explained male athletes have extra pressure placed on them to handle stressors internally. It was viewed as a weakness to ask for help, which served as a barrier to seeking mental health services while coping with a season-ending injury. However, another male participant indicated counseling was the most helpful resource while coping. Attitudes of coaches and teammates toward seeking help can influence the mental health resources athletes utilize (Jowett, 2003). One participant stated a teammate recommended the counseling center on his college's campus. The referral from his teammate indicated the culture on his specific team encouraged mental health counseling.

Impact on Identity Development

College students are typically emerging adults who no longer experience total dependence on parental figures yet do not fully identify as independent adults (Arnett, 2000). This transition in development is defined by instability and change (Luychx et al., 2011). The present study explored the narratives of emerging adults who participated in Division I athletics. As student-athletes, college served as a platform to grow into an adult. Consistent with literature, the participants in this study had to manage school, athletics, social life, and many more commitments without the direction of their parents (Parker et al., 2016). They lived in dorms or off campus and navigated living with others outside of their family of origin. Hence, the transition to college was often met with identity diffusion, marked by depressive symptoms,

elevation in anxiety, and trouble adjusting to college (Dyson & Renk, 2006; Kroger & Marcia, 2011; Schwartz et al., 2013).

Research indicates individuals derive self-esteem and self-concept from the organizations in which they belong (Proios, 2012). In the present study, individual teams and the athletic department were social organizations in which participants belonged. Therefore, they tended to exclusively identify with their role as athletes on campus (Hawley et al., 2014). When the participants introduced themselves to others, the sport they played typically followed soon after their name. Since they were on a sports team, they felt that was who they were—an athlete for the college. It made them reluctant to explore who they were outside of that. In many instances, this identity provided a sense of pride and accomplishment. They did not experience the urge to define them outside of athletics. Therefore, when involvement in their athletic social network decreased, feelings of isolation increased. The onset of injury impacted usual identity development, thus facilitating maladaptive coping processes and emotional distress.

Findings of this study demonstrated many participants exclusively identified as athletes upon entering college. Participants found it difficult to separate their identities from their athletic identity. Emotional responses during injury improved for participants who recognized the importance of exploring different aspects of identity before the onset of injury. One participant in particular mentioned his older siblings taught him to have multiple dimensions of identity, which helped him while injured. Other participants who did not know who they were outside of athletics tended to experience more emotional distress while injured. This was congruent with the concept that athletic identity serves as a stable figure of identity development up to a certain point, and then it becomes detrimental (Beron & Pequero, 2016; Burns et al., 2012; Melendez, 2009).

Value Linked to Athletic Ability

Since participants strongly identified with the role of an athlete, they indicated their self-value, self-worth, and self-concept were linked to athletic ability. Tangible successes in sport indicated they were successful in life. Challenges in sport, such as injury, lowered one's perception of their value. Rao and Hong (2015) explored literature of mental health and athletics and found an injury can counteract the beneficial psychological impacts of sport (e.g., self-esteem, social connectedness). Further, when one's self-worth was disturbed, injured athletes engaged in high-risk behaviors. In this study, it seemed engagement in high-risk behaviors stemmed from a temporary termination of athletics. This finding is consistent with Weise-Bjornstal's (2010) findings that injury and time out of sport can increase high-risk behavior. Since time injured leads to identity exploration outside of athletics, some athletes felt unprepared for the identity exploration at the time of injury. Sport gave an indication of one's ability: Concrete data, such as scores, times, or win-loss records, served as platforms for one to self-examine. As emerging adults, participants' sense of self was expanding, and they were initially unprepared to explore their values and sources of self-worth.

Recovery Process as a System to Meaning Making

Student-athletes generally had a stable identity in athletics. They defined themselves as athletes from a young age. Though the setting changed when the athlete attended college, the identity as an athlete remained constant. Participants increased their exclusivity with the athletic role when college started. Their social life consisted of their teammates, and they revolved their day around sport. Due to limited opportunities for self-explorations, participation in college athletics fostered identity foreclosure in students (Brown et al., 2000). Furthermore, feelings of

isolation increased as the ability to form relationships outside of the athletic department decreased (Harris et al., 2003).

A novel finding in this research was the time spent coping with season-ending injuries was the first time participants were able to explore other aspects of their identity. This enabled them to engage in self-reflection. They inquired about the meaning of sport in their life, what their values were, and how they wanted to grow from an adverse experience. Some participants indicated the only reason they were in college was to do their sport. When their sport was no longer an option due to injury, they engaged in academics, Greek life, and clubs and organizations outside of the athletic department. In some realms, their social life improved as relationships developed with people whom the participant had little interaction with before the injury. Some participants explained injury was a humbling experience. They learned they are not immune to hardship and that ultimately helped them in their future endeavors.

Taking on New Roles on the Team

DeGroot et al. (2018) reported, when a student-athlete endured a serious injury, they tended to take on different roles on the team. When an injury occurred, there was a shift in their ways of life. Performance in sport was no longer the top priority. It was surpassed by rehabilitation and recovery. This transition created more opportunities for one to self-identify outside of sport. Present findings show there was more time to focus on school, clubs and commitments outside of sport, and personal wellness. They tended to take on mentorship, managerial, and administrative roles. Roles included filming games, moving equipment, and writing assignments for the other athletes. This enabled some injured participants to still feel like a part of the team. It maintained their identity as an athlete, and they developed leadership roles outside of physical abilities. However, some athletes in this study felt as though these duties

excluded them from the team more. Consistent with previous findings, these participants found the new roles were sources of disconnect from the team which made it difficult to accept other aspects of identity (DeGroot et al., 2018). Therefore, participants in this study sought a plethora of resources to address the various needs. These resources are explained in the following section.

Coping Resources Outside of the Team

When a student-athlete becomes injured, there is a focus on physical rehabilitation and recovery. Consistent with research, each participant indicated athletic trainers were used as a resource while coping with injury (Clement et al., 2013). In addition to athletic trainers, participants put particular emphasis on physical therapists and medical doctors. In most instances there was either a sports psychologist and/or a counseling center available to address emotional responses and mental health concerns. However, physical recovery was viewed as the top priority for the participants.

Athletic Trainers as Mental Health First Responders Post Injury

Bejar et al. (2019) reported athletic trainers play a pivotal role in an athlete's experience coping with a season-ending injury. Athletic trainers are usually notified when an injury occurred and provided physical interventions to the athletes. Due to the amount of time participants spent in the training room, the relationship with their respective athletic trainer impacted their experience. Findings in the present study support these findings. Many trainers held additional roles, such as emotional support and companionship. Generally, they spent the most amount of time with the injured athlete, so the relationship between the athlete and athletic trainer was crucial. Bennett et al. (2016) coined the term "perpetual continuity." Athletic trainers held unique positions in which they worked directly with the athlete through the entire recovery process. Furthermore, they focused on both physiological and psychological needs (Bennett et al., 2016).

For participants who felt supported by their athletic trainers, they reported positive coping that stemmed from encouragement and rehabilitation timelines. Other participants reported their trainers lacked adequate support, assessment, and diagnosis of injury. Tension arose when there was not trust between the participant and athletic trainer. Furthermore, participants explained athletic trainers reported to the coaches of each sport. Therefore, some participants opted to seek resources outside of the athletic department due to confidentiality concerns.

Support Outside of Athletics Enhanced the Coping Experience

A unique perspective toward social support in the present study added to the literature on injured student-athletes. As participants began expanding on their identity and sense of self, some tended to expand the number of resources available to them. Some participants needed a break from the athletic department and had trusted physicians located off-campus. This included physical therapists and counselors. Other resources outside of the athletic department included professors and peers who were not athletes.

Findings showed professors, in particular, were generally supportive of the injured student-athletes. Participants explained professors advocated for their wellness, gave extensions due to extenuating circumstances, and provided accommodations as necessary. In instances where professors did not provide helpful resources, participants expressed feelings of frustrations and defeat. Therefore, it was important for professors to be aware of the stressors facing injured student-athletes as both the mind and body were substantially impacted.

Established research demonstrates adjustment outside of athletics is difficult for those with strong athletic identity (Brewer et al., 1993). Findings in the present study indicated socialization with people not in sports served as a platform to examine other dimensions. Participants reported comfort in relationships with non-athletic peers because it enabled them to

explore their identity outside of athletics. Furthermore, they were not constantly reminded on what they were missing out (i.e., sports activities). Adding to the research, participants indicated interactions with friends helped the athletes avoid social isolation and facilitated adaptive coping strategies (e.g., managing emotions, acceptance, positive self-talk; Udry et al., 1997).

Impact of the COVID-19 Pandemic

Unique to the present study is the impact of the COVID-19 pandemic on student athletes. The COVID-19 pandemic had a tremendous impact on higher education throughout the world (Crawford et al., 2020). Within the United States, higher education transitioned to online instruction in March 2020 and infection rates continued to increase through the Fall of 2020, thus indicating long-lasting changes in American higher education (Crawford et al., 2020).

Challenges for student-athletes included the abrupt end to competitive seasons, cancelled workouts and practice, and premature retirement for senior athletes. Further, there were parallels between season-ending injuries and the experience of COVID-19 pandemic.

Parallels of the Pandemic to a Season-Ending Injury

Most congruent to a season-ending injury, the athletes unexpectedly experienced a hiatus from sport. Social interactions decreased, athletes questioned when would return to sport, and they had to examine what their lives are like without athletics being the priority. Furthermore, the pandemic forced college seniors into early retirement from sport and inhibited the return to sport for athletes who were recovering from injury.

Some participants returned to competition just as the season was cancelled due to the pandemic. Therefore, instead of missing one third of their competitive season, they missed 100% of the season. Additionally, they were moved off campus and sent home, which increased feelings of isolation. Other participants who were looking forward to a “comeback” season had

their dreams come to an abrupt end. Some participants were comforted in knowing each athlete was given an extra year of eligibility due to the pandemic. Some participants stated they had senior teammates staying in school to compete one extra year. Others indicated the seniors had job offers and were forced to prematurely retire from athletics.

Research demonstrates retirement from sport increases complications with coping and difficulties with psychological adjustment (Giannone et al., 2017). Findings in this study expanded on the literature as participants reported feelings of grief and confusion when their athletic careers were permanently ended after enduring a season-ending injury.

COVID-19 presented additional stressors for student-athletes because there was an unknown start date for many sports. Athletic departments, conferences, and the NCAA readjusted the schedules for college sports. Along with a plethora of other reasons, some schools permanently dropped the teams in their departments due to the financial impact of the pandemic. As participants expressed, student-athletes wondered if their sport would be competitive in the upcoming season.

Limitations

Due to the interactive nature of qualitative research, much data is achieved from the perceptions of the researcher. In fact, Hayes and Singh (2012) characterized the researcher as the primary instrument in data collection. Though bracketing my values as a former NCAA Division I athlete and current mental health therapist helped account for this potential research bias, it is likely a degree of researcher bias influenced the data even though a peer assisted me in the formation of codes, which checked my bias. Thus, there is a chance participants would view the data in a different manner.

Limitations of the present study also include the sample method and size. During the recruitment stage, I used purposeful sampling and attempted to have as varied of a sample population as possible. I recruited 14 participants from six different sports and eight different schools. Although the sample size was adequate for the present study, future studies can benefit from data with representation of more schools and sports. Furthermore, increased racial, cultural, and socioeconomic diversity could have facilitated greater insight into the experience of coping with a season-ending injury. The present study was fairly homogenous in terms of gender and ethnicity as 11 participants identified as female and 12 participants identified as white.

Future studies could also consider the experiences of People of Color in predominately white institutions (PWIs). Research has demonstrated that People of Color in PWIs experience a lack of mentorship, connections, and identity development hardships that white counterparts may not endure (Sato et al., 2018). Specifically, the population of African Americans makes up a significant portion of NCAA athletes, yet at PWIs, they have few roles models to help them navigate their athletic endeavors (Singer & Cunningham, 2018).

Further accounting for socioeconomic statuses (SES) of participants can strengthen this line of research. For instance, Green and Weinberger (2001) determined individuals from a low SES typically had stressors that compounded coping. Further, the impact of scholarship status may have different implications for those with diverse socioeconomic backgrounds.

An unpredicted limitation was the COVID-19 pandemic. Since I was not able to meet any participant in-person, I conducted the interviews via Zoom. At moments, the video quality was inconsistent and technical glitches occurred. Due to these instances I potentially missed some nonverbal communication and body language from participants. Though I conducted two rounds

of member checks to ensure audio was transcribed accurately, future in-person interviews can enhance the voices of participants.

Theoretical Implications

The present study explored the lived experiences of Division I student-athletes coping with a season ending injury. In qualitative research, phenomenology is used to examine participants' experiences to gain insight into a specific phenomenon (Cilesiz, 2009; Husserl, 1970; Moustakas, 1994). Further, phenomenology is consistent with constructivism (Chiari & Nuzzo, 1996). Constructivism is an interpretive theoretical perspective that focuses on how individuals make meaning of events based on their values, beliefs, and other mental processes when multiple truths of reality exist (Paul et al., 2005). Thus, the present study lends itself to constructivism. Each participant expressed their own experience coping; thus, there is no one single reality. Everyone had unique experiences and interpreted events differently. Similarities in these experiences contributed to the development of themes and subthemes. It is important to acknowledge diverse experiences are present in the student-athlete population, and these experiences should be the focus of programs in counseling, counselor education, and student affairs, and in athletic departments. However, additional research needs to be conducted to gather more viewpoints. Moreover, experiences are dependent on context; therefore, experiences of student athletes need to continue to be explored.

Implications for Counselor Education

Counselor education programs provide a wide array of educational experiences for counselors-in-training and have eight core educational standards (i.e., professional counseling orientation, social and cultural diversity, human growth and development, career development, counseling relationships, group counseling, assessment and testing, and research/program

evaluation; CACREP, 2016). CACREP requires that counselor education programs focused on student affairs prepare counselors-in-training to work with student-athletes (CACREP 5.E.2.m, 2016). It is essential for counselors-in-training to understand the unique needs of student athletes, as athletes make up a distinct subpopulation of college students. Yet, there is a lack of research on athlete specific stressors such as loss of identity and social isolation, making the process of educating counselors on this topic difficult.

Graduate programs in counselor education programs can benefit from offering coursework to students that focuses on the lived experiences and perspectives of student-athletes. Based on the present research and a review of literature, the inclusion of theory-based skills and techniques that benefit student-athletes should be included in core counseling courses. For instance, techniques courses that emphasize rational and emotive behavior therapy (REBT; Cunningham & Turner, 2016; Melendez, 2009; M. J. Turner & Barker, 2014) can help prepare counselors to combat perfectionist standards that are apparent in student-athletes. Further, the incorporation of student-athlete identity in lifespan development courses can provide greater insight for counselors-in-training on the impact of exclusivity with an athletic identity (Burns et al., 2011; Lally & Kerr, 2005). Finally, findings from the present study indicate participants preferred counselors who were educated on the importance sport plays in their lives and how it contributes with their ability to cope with a season-ending injury.

Implications for Counseling

Melendez (2009) indicated structured programming (e.g., REBT) served as appropriate interventions for injured student-athletes. Due to irrational beliefs leading to unhealthy behaviors, M. J. Turner and Barker (2014) explained the goal of REBT is to replace irrational beliefs with rational ones. The correlation between irrational beliefs and mental health concerns,

including depression, anxiety, and even suicidal thoughts (Cunningham & Turner, 2016), were present in the student-athlete population (M. J. Turner et al., 2014). Student-athletes who explored their athletic identity transitioned more successfully out of sport (Lally, 2007).

Participants indicated the reaction of their support systems impacted their ability to cope with injury. For those who considered mental health counseling, it was important for them to know counselors understood their experience. Some participants explained the counselor viewed the sport as a stressor and suggested leaving athletics. As the research demonstrates, identity can revolve around athletics and in some cases was exclusive (Burns et al., 2012). Encouragement to explore other dimensions of identity was beneficial for participants. However, validation of the experience and work on self-compassion enhanced the coping experience. Self-compassion during injury resulted in lower rates of anxiety as well as reduced avoidant coping strategies (Huysman & Clement, 2017). Therefore, counseling interventions should focus on emotional-focused coping strategies to reduce stress while coping with a season-ending injury.

Currently, seminars, trainings, and workshops provide information on college student development and are used for student-athletes entering college (NCAA, 2009). As of now, there is not a specific emphasis on coping with hardships that may arise during one's athletic career, including injuries. Harris et al. (2003) concluded psycho-education groups with student-athletes increased social support and were effective in decreasing psychological distress in this population especially regarding adversities such as injuries (Kissinger et al., 2011). Therefore, the implementation of group therapy to address identity diffusion and provide education on coping mechanisms is beneficial. Currently the NCAA implements mandatory services focused on test taking strategies and academic support for student-athletes (NCAA, 2009). However, administrators throughout athletic departments are encouraged to promote strategies that support

the development of a “more balanced student-athlete identity” (Melendez, 2009, p. 358), stressing personal and emotional development in addition to athletic pursuits. This includes formalized, multidimensional, and structured programming for student-athletes (Melendez, 2009).

This research indicates there were possible counseling interventions that could be used across sports as prevention against identity diffusion for athletes when they endure injuries. With prevention programs for student-athletes, this population could learn to healthily cope with injuries. Furthermore, a focus on identity confusion and exploration as it results to irrational beliefs could enable injured student-athletes to combat the ideas they are “nothing” without athletics. Furthermore, this focus would enhance interpersonal support from other emerging adults, thus reducing irrational beliefs that nobody understands their experience.

Implications for Athletic Departments

Given the holistic reliance on athletic trainers, it is essential there is training in place to prepare them to provide adequate help to student athletes. Trainers need to be aware of referral protocols to ensure the athlete is being treated effectively and ethically. Athletic departments should work with counseling centers and counselor education departments to consult about issues facing injured student-athletes. With an open dialogue, hopefully athletes’ needs can be met efficiently and stigma around seeking help would decrease. Furthermore, these departments can work together to develop primary prevention programs, in which student-athletes recognize and combat irrational beliefs about sport, explore other aspects of identity, and develop coping strategies before injury occurs.

Trainings for coaches, teams, and athletic trainers are necessary. Injury is a complex experience, even with emotional preparation; they are still a sudden occurrence. Since there is a

reliance on these resources, they must be trained to assess mental health concerns of injured athletes, be aware of referral resources, and understand their reaction to injury can set the stage of the whole coping experience. These resources have a lot of power and have the potential to facilitate growth and independence within the student-athlete. The NCAA Best Practices Guidelines (2016) recommend screenings for anxiety, substance misuse, mood disorders for incoming athletes so at-risk students can have resources available to meet their needs when they come to campus (Gearity & Moore, 2017).

Lastly, confidentiality is key for trust to develop with student-athletes. There needs to be a barrier in which coaches and teammates are not physically near the sports psychology department. Informed consent and explanation of the barriers to confidentiality should be provided before the athlete begins confiding in any resource. Not all resources on campus are confidential, so professionals need to be upfront about their scope of practice.

Implications for Student Affairs

L. M. Turner and Hazley (2018) report not all student-athlete focused programming should be the sole responsibility of athletic departments. Too often, student-athletes are segregated from the rest of the population, thus contrasting with the exclusive mission of student affairs (L. M. Turner & Hazley, 2018). These authors encourage student affairs departments to engage in collaboration from a top-down approach (i.e., from upper-level administration to current students on campus). Student affairs professionals need to find gaps on their particular campuses and promote resources to student-athletes so they are aware of the programs (L. M. Turner & Hazley, 2018).

Further, student affairs professionals should consider “student-athlete” as a unique identity as focus on intersectionality can give greater insight into the values and goals of student-

athletes (L. M. Turner & Hazley, 2018). McCarthy (2020) recommends student affairs professionals: (a) discern their role in the university, (b) emphasize common goals between student-athletes and their non-athlete counterparts, (c) remain available for easy access and demonstrate willingness to help, and (d) maintain transparency and continue education on the needs of student-athletes. Most importantly, it is essential student affair professionals to start building relationships with the athletic department before a crisis occurs (McCarthy, 2020). This way, they can be prepared for the needs of student-athletes as they arise and can be first responders and collaborators.

Since it is a challenge to help student-athletes build connections beyond athletics, McCarthy (2016) recommends schools create and fund a case manager position for student-athletes within the student affairs department. A case manager could coordinate campus initiatives by (a) identifying the needs of student-athletes, (b) ensure the case manager's visibility and approachability on campus, (c) address biases and gossip of unfair treatment of student-athletes, and (d) create a care team to work directly with student-athletes (McCarthy, 2016).

Future Research

Beyond the present study, it will be beneficial to explore the experiences of athletes at Division I, II, and III schools. There are many studies that investigate Division I athletics, but it would be interesting to compare data based on school size to the present results. Learning about division specific stressors (i.e., scholarship status, funding opportunities) will provide greater insight. At larger schools, it is hypothesized that fear of losing scholarships is more abundant. At smaller schools, student-athletes compete without funding and stressors may be redirected toward identity development and dealing with the potential of their sport being eliminated at the school.

A more diverse population can give greater insight into the lived experiences of injured student-athletes. The present study results include multiple coping mechanisms and counseling experiences in both male and female student-athletes. Further research on gender in various sports will help expand the understanding of health-seeking behaviors for male and female athletes. Moreover, increased research on injured student-athletes who identify as non-binary can enhance the current area of research.

Accounting for SES, first generation student experiences, and the experiences of ethnic minorities can provide a deeper level of understanding regarding identity development, mental health responses, and resources used while coping with a season-ending injury. Research about the experiences of student athletes during the COVID-19 pandemic can facilitate greater insight into forthcoming stressors as well. When more research is conducted and disseminated, counselor educators, counselors, and athletic department personnel can gain a greater understanding of the needs of student-athletes. Further research can also result in additional mental health education and training for athletic trainers as well as seminars for coaches and teams affected by injury.

Conclusion

This study was designed to explore the lived experiences of Division I student-athletes coping with a season-ending injury. Data were collected through interviews with 14 current and recently retired student-athletes. Results from the study indicate the experience of coping with a season-ending injury can be hindered or enhanced based on team culture (e.g., messages from the coaches and behaviors by the teammates). Findings also indicate athletes undergo a grieving period when they become injured, as this is one of the first times they have to navigate their identity outside of athletics. While mental health resources are available to injured student

athletes, there seem to be barriers to using these resources. The findings further illustrate the parallels between a season-ending injury and the impact of the COVID-19 pandemic.

The results of this study can support university personnel who work with student athletes. The findings also provide valuable information to mental health professionals who counsel student athletes. Finally, these results can inform counselor educators of the experiences of student athletes so they can ensure counselor education coursework addresses student athletes' unique experiences.

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APPENDICES

Appendix A: Interview Protocol

1. What was your experience coping with a season-ending injury OR an injury that required you to miss at least 1/3 of your season?
2. How would you describe your perception of your identity prior to your injury? Did your perception of identity shift during injury? If so, how.
3. What resources did you utilize for coping with injury?
4. What resources do you wish were available for coping?
5. Describe your mental health while you were injured?
6. Did you seek any form of counseling services? What was that experience like?
7. Do you feel like you have perfectionistic tendencies? If so, did perfectionism impact coping with injury?
8. Describe your social life while you were injured.
9. Describe your interactions with coaches while you were injured.
10. Describe your interactions with teammates while you were injured.
11. Describe your interactions with family while you were injured.
12. What were the most helpful things during the recovery process?
13. What were the least helpful things during your recovery process?
14. What advice would you give coaches and mental health professionals to provide appropriate support for injured student-athletes?
15. What else would you like to say that we haven't discussed yet?

Demographic Questions

1. How would you describe your gender identity?
2. How old are you?
3. What college did you play for? Is it Division I?
4. What is your race/ethnicity
5. What sport did you play?

Appendix B: Eligibility Questions

1. Are you at least 18 years of age?
2. Are you/were you a student-athlete at a Division I college within the last 2 years?
3. Did you endure a significant sports injury (i.e., season-ending or missed at least 1/3 of season)
4. Was your injury career-ending?

Appendix C: Research Participant Information and Informed Consent

Thank you for your willingness to participate in this study.

Before we begin the interview, I want to provide you with a little more information about the study and our informed consent process (which is a verbal informed consent for this study). Please let me know if any aspect of the study or the consent process needs clarification.

The purpose of the study is to explore the experiences of Division I student-athletes coping with a season-ending injury. I will ask you to talk about your experiences, including any support and barriers you have encountered. *I am interviewing approximately 15 current or recently retired NCAA Division I student-athletes.* I will ask each participant to explain their experiences coping with a season ending injury, as well as advice they have for athletic departments and university counseling centers I will also ask some basic demographic questions. *The risk to taking part in this interview is very small, but it is possible that some people may feel uncomfortable answering these questions.* You do not have to talk about any incidents or topics that you do not want to discuss, and you may choose to leave the study at any time.

This phone/zoom interview is scheduled for 1-hour, though may be shorter. The interview will be recorded, but no names will be used during the recording. Any identifiable data in the transcript will be deleted. I will send you a transcript of the interview for your review. You will be invited to provide feedback. I may request a short follow-up phone interview for clarification purposes.

All data from the interview will be identified by a code (e.g., Participant 1). *This information will be kept confidential, but there is a small risk that people outside of the research team could learn this information.* To reduce this risk, the key linking the code with your name and e-mail address will be kept in a locked file cabinet.

You may benefit from participating in this study, as you may gain insights about your experiences by talking about them. Furthermore, the information you share will help the researchers learn more about the challenges experienced by injured student-athletes in the future.

The data from this study will be used for the researcher's dissertation, and may be presented at conferences, or published in academic papers, journals, or books. Your name and school will not be used. The researcher will make every effort to protect your identity in these presentations and publications.

As a reminder, your participation in this study is voluntary. You may decide to not participate in this study. Your decision not to take part will involve no penalty or loss of benefits to which you are otherwise entitled. If you do participate, you may freely withdraw from the study at any time. Your decision to withdraw will involve no penalty or loss of benefits to which you are otherwise entitled.

If you have any questions, complaints, or concerns about your participation in this research, contact Michael Deitz at 703-XXX-XXXX (xxxxx@mymail.vcu.edu).

If you have any general questions about your rights as a participant in this research project, you may contact:

Office of Research
Virginia Commonwealth University
800 East Leigh Street, Suite 3000
P.O. Box 980568

Richmond, VA 23298
Telephone: (804) 827-2626

You may also contact this office for general questions, concerns, or complaints about this research project; if you cannot reach the research team; or if you wish to talk with someone other than a member of the research team. General information about participation in research studies can also be found at <http://www.research.vcu.edu/irb/volunteers.htm>.

Do you have any questions?

Do you give your consent to be a participant in this study?

Appendix D: Recruitment Materials

Recruitment Email:

Subject: Dissertation Study Recruitment

Body: Hi, my name is Michael Deitz and I am a doctoral candidate at Virginia Commonwealth University. I am looking for Division I student-athletes to take part in my study for my dissertation. The study is on the lived experiences of student-athletes coping with season-impacting injuries. This includes either season-ending injuries OR missing at least 1/3 of a competitive season. This does not include career-ending injuries.

If someone in your athletic department meet these criteria and are either current student athletes or retired within the last 3 years, please contact me! My number is (703) XXX-XXXX and my email is xxxxx@mymail.vcu.edu. I'm trying to get at about 15 participants. I appreciate your consideration.

Thank you.

Recruitment Phone Message

Hi, my name is Michael Deitz and I am a Doctoral Candidate at Virginia Commonwealth University. I am looking for Division I student-athletes to take part in my study for my dissertation. The study is on the lived experiences of student-athletes coping with season-impacting injuries. This includes either season-ending injuries OR missing at least 1/3 of a competitive season. This does not include career-ending injuries. If someone in your athletic department meet these criteria and are either current student athletes or retired within the last 3 years, please contact me! My number is (703) XXX-XXXX and my email is xxxxx@mymail.vcu.edu. I'm trying to get at about 15 participants. I appreciate your consideration. Thank you

Social Media Post

Were/are you a Division I student-athlete? Did you experience a season-ending injury? Did you return to sport? I am looking for eligible participants to take part in my dissertation study. I am conducting 30 to 60-minute interviews about the lived experiences of student-athletes coping with injury. If you endured a season-ending injury or were eligible for a "redshirt" status, I hope you to participate. I'm looking for current student-athlete AND recently graduated student-athletes (within the last 3 years).

If you are eligible or know someone that is, please share this information and contact me through Facebook, phone (703-XXX-XXXX), or email (xxxxx@mymail.vcu.edu)

Thank you very much! I look forward to hearing from you!

*Note: I'm looking for players who have returned to sport (i.e., not career-ending injuries)

Recruitment

Are/were you a Division I athlete?

Did you have a season-ending injury?

Let your voice be heard!

Email/call the
address below to
participate in this
research study!



Just one 30-
60 minute
interview via
Zoom!!!

**Why Does
This Study
Matter?**

Injury impacts more than physical development. Such things as identity development, mental health, social support, and wellness all impact coping with injury. Through this study, you can reflect on your own experience and provide information that can help future generations of student-athletes receive appropriate care during this challenging time! Contact the Principal Investigator (listed at the bottom)

Eligibility

Current/Recent Student-Athlete

You are current student-athlete (18 years or older)
OR
You have retired within the last 2 years

Season-Impacting Injury

Your injury was season-ending OR you missed
1/3 of the season

Returned to Sport

Your injury was not career ending

Michael E. Deitz, Doctoral Candidate, M.Ed., NCC

deitzme@mymail.vcu.edu

(703) 888-8682

LET YOUR VOICE BE HEARD!

**Are/Were You A
Division I
Student-Athlete?**

*In this
Dissertation Research Study*

**Did You Have a
Season-Ending
Injury?**

Injury impacts more than just physical development. Such things as identity development, mental health, social support, and wellness all impact coping.

Through this 30-60 minute, you can reflect on your experience and provide information that helps future generations receive appropriate care during this challenging time

Do you know someone who qualifies?

Contact Michael E. Deitz, Doctoral Candidate, M.ED., NCC

deitzme@mymail.vcu.edu; (703) 888-8682

ELIGIBILITY

Current/Recent Student-Athlete
(Must be older than 18. If retired, you must have played in the past 3 years)

Your injury was
season-ending OR you
missed 1/3 of season

You returned to sport after
injury

Made with PosterMyWall.com

Appendix E: Curriculum Vita

Michael E. Deitz, MEd, NCC
Doctoral Candidate, Counselor Education and Supervision
Virginia Commonwealth University
deitzme@mymail.vcu.edu
(703) 888-8682

EDUCATION

PhD in Education, Concentration in Counselor Education and Supervision, 2020
Virginia Commonwealth University, Richmond, VA
CACREP-Accredited Doctoral Program
Cumulative GPA: 3.786

Master's Degree in Education, Concentration in Clinical Mental Health Counseling, 2017
College of William & Mary, Williamsburg, VA
CACREP-Accredited Master's Program
Cumulative GPA: 3.84

Bachelor of Arts in Psychology and Kinesiology, Concentration in Health, 2015
College of William & Mary, Williamsburg, VA
Cumulative GPA: 3.45

PROFESSIONAL CERTIFICATION AND AWARDS

CERTIFICATIONS

Resident in Counseling (LPC-R), 2020 – present (#0704013595)
Nationally Certified Counselor (NCC), 2017 – present (#957366)
Qualified Mental Health Professional – Trainee, 2020 – present (#0734004310)

AWARDS/HONORS

- 2019 – Virginia Counselors Association (VCA) Peter Warren Graduate Student Fellow
- 2019 – Chi Sigma Iota – Omega Lambda, Member
- 2017 – Chi Sigma Iota – Omega Mu, Treasurer, Member
- 2015 – Galano Award recipient for Community Service and Engagement in William and Mary's Psychology Department
- 2015 – USA Gymnastics' Athlete of the Year

RESEARCH AND SCHOLARSHIP ACTIVITIES

PEER-REVIEWED PUBLICATIONS

Manuscripts in Preparation

Hermann, M. A., Gorlewski, J., Brookover, D., Walsh, R. L., Kozachuk, L., **Deitz, M. E.**, & Ciminelli, E. (in press). Policy, practice, and parenthood: A study of teacher mothers. *Educational Studies*.

Brookover, D., Hermann, M. A., & **Deitz, M. E.** (under review). *Lived experiences of female adolescents with school counselors.*

Deitz, M. E., Weiss, A. H., & Wheeler, N. J. (in preparation). *Injured student-athletes: An integrated framework for college counselors.*

Wheeler, N. J., & **Deitz, M. E.** (data collection). *Relationship distress as a mediator of ACE and health in a college student population.*

BOOK CHAPTERS

Published Book Chapters

Wheeler, N. J., & **Deitz, M. E.** (2019). Ethical considerations for counseling stepfamilies. In J. Gold (Ed.), *Intervening for stepfamily success.* American Counseling Association.

PAPERS PRESENTED AT REFEREED CONFERENCES

National Presentations

Brookover, D. L., Hermann, M. A., & **Deitz, M. E.** (2020, April). *Wellness counseling with adolescent females: A qualitative study of student experiences with school counselor led wellness programs.*

Accepted poster session for the 2020 American Counseling Association Conference, San Diego, CA, and presented online through Chi Sigma Iota

Deitz, M. E., Wheeler, N. J., & Weiss, A. H. (2019, October). *More than sports: Considerations for training counselors to work with injured student-athletes.* Accepted Roundtable Discussion at the Association for Counselor Educators and Supervisors Conference. Seattle, WA.

Randell, A. L., Kozachuk, L., Spears, N., & **Deitz, M. E.** (2019, March). *Understanding suicide in young African Americans: Suicide theory & Kalief Browder.* Presentation at the 2019 American Counseling Association Conference & Expo, New Orleans, LA.

Randell, A. L., Kozachuk, L., **Deitz, M. E.,** Spears, N., & Gnilka, P. (2019, March). *ACE, stress, resilience, & career search self-efficacy in minority college students.* Poster at the 2019 American Counseling Association Conference & Expo, New Orleans, LA.

Deitz M. E., Gnilka, P., & Kozachuk, L. (2018, September) *A comparative analysis on longitudinal effects on anxiety and depression between college student-athletes and non-athletes.* Poster at the 2018 Association for Assessment and Research in Counseling, Richmond, VA.

Rutledge, M., Kozachuk, L., Randell, A., **Deitz, M.,** Spears, N., & Gnilka, P. (2018, September). *Multidimensional perfectionism and alcohol usage among college students.* Poster at the 2018 Assessment and Research in Counseling Conference, Richmond, VA.

Regional Presentations

Deitz, M. E., Wheeler, N. J., Weiss, A. H., & Brookover, D. (2019, November). *Utilizing REBT as a prevention method for mental health distress for injured student-athletes: An integrated framework for college counselors.* Accepted to present at the 2019 Virginia Counselors Association Convention. Hot Springs, VA.

Wheeler, N. J., & Deitz, M. E. (2018, October). *A new normal: Ethical considerations for training counselors that work with stepfamilies*. Accepted to present at the 2018 Southern Association of Counselor Educators and Supervisors, Myrtle Beach, SC.

Randell, A., Deitz, M. E., Spears, N., Rutledge, M., Kozachuk, L., & Gnilka, P. B. (2018, October). *Employee burnout in youth residential facilities: The effects of personality, stress, and coping*. Poster at the 2018 Southern Association of Counselor Education and Supervision Conference, Myrtle Beach, SC.

ACADEMIC PRESENTATIONS

Featured Speaker

National Eating Disorders Association Walk, College of William and Mary (*April 2016, April 2017, April 2018, November 2019*)

- Educated approximately 500 community members and college students about the severity and prevalence of eating disorders.
- Provided helpful resources and explained potential interventions for those who are suffering from eating disorders and their families.

Panel Member

CLED 601: Theories in Counseling (*July 2018, July 2019*)

- Educated counselors-in-training about my experience working in college counseling centers
- Explained the importance of risk assessments and documentation in counseling

Panel Member

CLED 491: Careers in Psychology (*April 2019*)

- Presented in two CLED 491 courses to explain career options in the counseling field
- Provided informational resources to undergraduate psychology students who are interested in pursuing a master's degree in counseling

Panel Member

CLED 491: Careers in Psychology (*December 2019*)

- Served as an ambassador for Counselor Education by presenting on the field in an undergraduate psychology course

RELATED RESEARCH EXPERIENCE

Research Team Member

Virginia Commonwealth University, Richmond, VA

Dr. Philip Gnilka, Department of Counseling and Special Education (*August 2017 – August 2019*)

- Research Topics: perfectionism, stress and coping

Research Team Member

Virginia Commonwealth University, Richmond, VA

Dr. Mary Hermann, Department of Counseling and Special Education (*May 2018 – August 2020*)

- Research Topics: lived experiences for women in various professional and academic settings
- Transcribed qualitative data

Research Team Member

Virginia Commonwealth University, Richmond, VA

Dr. Naomi Wheeler, Department of Counseling and Special Education (*May 2018 – August 2020*)

Research Assistant

College of William & Mary, Williamsburg, VA – Motor Control Lab

Department of Kinesiology (*August 2013 – May 2015*)

- Examined motor imagery and inter-hemispheric communication through observational, actual and imaginary tasks.
- Skills: scholarly research publication review, apparatus construction, data interpretation

PROFESSIONAL AND CLINICAL EXPERIENCE**TEACHING AND SUPERVISION****Undergraduate Courses, Virginia Commonwealth University**

EDUS494: Seminar: Diversity and Human Relations, Spring 2018

Co-Instruction with Dr. Naomi J. Wheeler

EDUS494: Seminar: Career Development for Human Services Professionals, Spring 2018

Co-Instruction with Dr. Naomi J. Wheeler

CLED 605: Career Information and Exploration, Spring 2020

Prepared course for the Instructor

Graduate Courses, Virginia Commonwealth University

CLED604: Practicum: School Counseling and College Student Development, Fall 2018

Group Supervisor and Instructor

CLED603: Group Procedures in Counseling, Fall 2018

Individual Supervisor

CLED631: American Colleges and Universities, Spring 2019

Instructor

CLED620: Student Development Services (Online Course), Fall 2019, Summer 2020

Instructor

CLED660: Mental Health Disorders, Diagnosis, and Treatment Planning (Online Course), Summer 2020

Instructor

CLINICAL EXPERIENCE**Resident in Counseling**

Healthy Minds Therapy, PLLC, Alexandria, VA (*October 2020 – Present*)

- Provides individual and couple counseling to individuals throughout Virginia via Telehealth
- Develops treatment plans, progress notes, and diagnoses using TherapyNotes

Mental Health Professional

Camp Kesem, Hartfiel, VA (*August 2019, August 2020*)

- Served as the professional mental health therapist at a summer camp for children affected by cancer (ages 6-17)

- Provided on-call crisis services throughout my time at the camp
- Assessed the mental health of camp counselors and provided techniques to manage stress and promote wellness during individual sessions

Mental Health Counselor

Virginia Commonwealth University, Richmond, VA (*August 2017 – May 2018*)

- Assessed mental health concerns of college students referred to University Counseling Services
- Referred to students to individual and group therapy, as well as to other wellness resources on campus and in the community
- Provided individual therapy for college students and conducted regular risk assessment
- Operated Titanium Software to document individual sessions manage client caseload
- Created written case conceptualizations and treatment plans for client

Intern Mental Health Counselor

Christopher Newport University, Newport News, VA (*August 2016 – May 2017*)

- Administered initial intake sessions, and recommended appropriate therapeutic interventions
- Utilized a person-centered approach, as well as motivational interviewing, CBT techniques, and other counseling modalities deemed necessary in each case
- Demonstrated proficiency in Titanium Software for case notes and appointment scheduling

Intern Substance Abuse Counselor

New Leaf Clinic at the College of William & Mary, Williamsburg, VA (*January 2016 – May 2017*)

- Utilized motivational interviewing skills to counsel college students dealing with drug and alcohol addictions
- Provided psycho-education about alcohol and other drugs, as well as state and campus regulations and laws

Practicum Substance Abuse Counseling Student

Colonial Community Corrections, Williamsburg, VA (*January 2016 – May 2016*)

- Led and observed psycho-educational counseling groups, as well as individual therapy sessions for adults on probation
- Gained insight on the Virginia legal system, with regard to substance use and mental health

RELEVANT WORK EXPERIENCE

Graduate Assistant

Virginia Commonwealth University, Richmond, VA (*August 2019 – August 2020*)

- Assisted faculty advisor, Dr. Mary Hermann, with data analysis and research on the lived experiences of professionals who are mothers.
- Serves as a research assistant for the Women's Lifespan Development Research Lab
- Collected data on daughters of the Gender Revolution to prepare qualitative manuscripts

Graduate Assistant

Virginia Commonwealth University, Richmond, VA (*August 2017 – August 2019*)

- Assisted faculty advisor, Dr. Naomi Wheeler, with research on counseling outcomes for low-income couples
- Gained an understanding of the use, benefits, and areas of growth for the OQ-45.2
- Co-authored a chapter on the ethics of counseling stepfamilies
- Transcribed qualitative data of focus groups, focusing on childcare services
- Analyzed of relational distress and adverse childhood experience quantitative data

Student-Athlete Development Coordinator

College of William & Mary, Williamsburg, VA *(July 2016 – May 2017)*

- Developed mental health outreach programs to provide student-athletes with educational resources that address topics and concerns about their development and experience on campus

Outreach and Recruitment Intern

Athlete Network, Williamsburg, VA *(February 2015 – May 2015)*

- Served as the ambassador for the Athlete Network for William and Mary to increase awareness among peers and administration

Professional Development and Outreach Intern

National Eating Disorders Association (NEDA), New York City, NY *(June – September 2014)*

- Promoted the expansion of the awareness of eating disorders and access to quality treatment through education, advocacy and research
- Assisted staff in recording donations and donor acknowledgement; Researched and recorded data on corporate and foundation prospects

PROFESSIONAL SERVICE AND LEADERSHIP**COMMUNITY SERVICE****Walk Coordinator and Director**

National Eating Disorder Association (NEDA), Williamsburg, VA *(November 2015)*

- Promoted awareness around the community of mental health concerns regarding eating disorders
- Fundraised for the National Eating Disorder Association to increase research and maintain operations that provide information for life-saving resources
- Led a committee of students to work with local businesses and the National Office to create and promote the Williamsburg NEDA Walk

Director

Canned Food Drive, College of William & Mary *(2012 – 2014)*

- Team leader for organization, publicity and collection of the canned food
- Exceeded the goal of 7,000 pounds of canned food for the local not-for-profit organization, FISH

Walk Coordinator and Director

National Eating Disorder Association (NEDA), Williamsburg, VA *(November 2014)*

- United over 150 people and raised \$8,690 for the National Eating Disorders Association to promote awareness and address stigma revolving around mental health.

Advisor to the Walk Director

W&M Suicide Prevention and Awareness Walk, Williamsburg, VA *(October 2014)*

- Guided and advised the walk director to properly execute the walk with regard to organization, fundraising and publicity

Walk Coordinator and Director

National Eating Disorder Association (NEDA), Williamsburg, VA *(November 2013)*

- Directed a nationally recognized fundraising walk for the National Eating Disorders Association, with over 100 participants
- Raised more than \$6,132 for the nonprofit association, NEDA

LEADERSHIP POSITIONS

Awards Committee Chair

Chi Sigma Iota, Virginia Commonwealth University (2020 – *present*)

- Coordinate the Awards Committee to highlight the research and outstanding community service of students at VCU.

Secretary

Chi Sigma Iota, Virginia Commonwealth University (2019 – 2020)

- Attends regular meetings about policy and program development for the Omega Lambda Iota chapter
- Documents meeting notes and distributes to the rest of the members of the organization

Treasurer

Chi Sigma Iota, College of William & Mary (2016 – 2017)

- Managed the financial account for William & Mary's chapter of Chi Sigma Iota
- Presented financial reports at monthly board meetings
- Prepared strategies to finance involvement in community and social activities

Mentor

Chi Sigma Iota, College of William & Mary (2016 – 2017)

- Assisted in the academic development, personal growth, and professional identity for a first-year master's student.
- Met weekly to provide support and guidance for the counselor-in-training

Service Chair Executive

Student Athletic Advisory Council (SAAC), College of William & Mary (2014 – 2015)

- Coordinated service projects for the Athletics Department
- Promoted community involvement and unity in the

Varsity Collegiate Athlete Representative

USA Gymnastics (2014 – 2015)

- Elected by the college gymnastics community to be the varsity athlete representative on the USA Gymnastics board
- Served as the voice for the student-athletes during executive decisions involving national rules and regulations for NCAA men's gymnastics

Athlete Liaison

Counseling Center Student Advisory Council, College of William & Mary (2014 – 2015)

- Selected to be a voice for the athletic department in the counseling center to improve awareness of resources for the student body

NCAA Team Captain

Division I Men's Gymnastics Team, College of William & Mary (2014 – 2015)

- Coordinated competition line-ups and made various team decisions to benefit the team, and development of the student-athletes, as well as members of the community.
- Promoted the team's involvement in community service events

PROFESSIONAL ORGANIZATION AFFILIATIONS

Virginia Counselors Association (VCA), 2019 – present
Peter Warren Fellow

American Counseling Association, 2015 – present

Chi Sigma Iota, Omega Mu Chapter, 2016 – 2017
Treasurer

Chi Sigma Iota, Omega Lambda Iota Chapter, 2019 – present
Secretary

Association for Assessment and Research in Counseling (AARC), 2018 – present

Association for Counselor Education and Supervision (ACES), 2018 – present

Southern Association for Counselor Education and Supervision (SACES), 2018 – present

Richmond Area Counselors Association (RACA), 2019 – present
Social Chair

OTHER NOTABLE INVOLVEMENT AND ACCOMPLISHMENTS

INTERCOLLEGIATE ATHLETICS

Team Member; Team Captain

NCAA Men's Gymnastics, College of William & Mary (2011 – 2015)

- Attended required and optional practice and meetings for over 20 hours a week
- Maintained a full academic load while traveling around the nation to represent W&M

Men's Gymnastics Representative

Student Athletic Advisory Council (SAAC), College of William & Mary (2012 – 2015)

- Represented the men's gymnastics team at biweekly council meetings
- Voted on NCAA legislation

AWARDS/HONORS

- 2015 – Selected as the first Featured Student-Athlete speaker at the NCAA National Championships Banquet
- 2015 – USA Gymnastics National Gymnast of the Year
- 2015 – USA Gymnastics National Champion on High Bar
- 2015 – Athletic Department Community Service Award, College of William & Mary
- 2015 – Athletic Department Griffin Award, for outstanding commitment to the Athletic Department and setting an example of what it means to be a student-athlete, College of William & Mary
- 2014 – Selected as “Head of the Class” for significant leadership throughout the community in Williamsburg Magazine
- 2014 – Athletic Department Community Service Award, College of William & Mary
- 2014 – Bruce Davidson Scholarship for being the top rising senior, College of William & Mary
- 2014 – USA Gymnastics Academic All-American (1st Team)

OTHER WORK EXPERIENCE

Summer Gymnastics Coach

Richmond Olympiad Gymnastics Center (*May 2019 – present*)

- Develop strength programs for level 3, 4, and 5 girls for skill development on vault, floor, and uneven bars
- Provide group and individual instruction for gymnasts as they prepare for the junior Olympic competitive season

Summer Gymnastics Coach

Austin Gymnastics Club, Austin, TX (*June 2017 – August 2017*)

- Coached recreation classes and team practices
- Develop basic and advanced gymnastics skills for recreational camp members (ages 4-13) and Junior Olympic athletes (ages 6 to 17)

NCAA Division I Assistant Gymnastics Coach

College of William & Mary, Williamsburg, VA (*August 2016 – May 2017*)

- Enhance team development and specific gymnastics skills for the Division I varsity men's gymnastics team
- Assisted the head coach in organizing travel and line-up orders for championship competitions
- Traveled to championship competitions to spot athletes and attend coaches' meetings

Orientation Aide

Office of First Year Experience - College of William and Mary, Williamsburg, VA (*2014*)

- Directed a freshman hall through orientation activities including seminars and social events while helping them adjust to campus life
- Addressed concerns and provided resources for these students during and after a crisis on campus

Gymnastics Coach

Williamsburg Gymnastics, Williamsburg, VA (*2011-2016*)

- Enhanced specific gymnastics skills during individual and team instruction periods to boys and girls that range from ages 4 to 17